2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2009
Secretary of State

DOCUMENT# N94000006053

Entity Name: MOPARS OF THE PALM BEACHES, INC.

Current Principal Place of Business:

12218 57TH ROAD NORTH
ROYAL PALM BEACH, FL 33411 US

New Principal Place of Business:

Current Mailing Address:

12218 57TH ROAD NORTH
ROYAL PALM BEACH, FL 33411 US

New Mailing Address:

FEI Number: 65-0544304 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SMEDLEY, SARAH T
12218 57TH ROAD NORTH
ROYAL PALM BEACH, FL 33411 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: PILONE, JARROD
Address: 4612 DANSON WAY
City-St-Zip: DELRAY BEACH, FL 33445

Title: DVP ( ) Delete
Name: BALTON, JOHN
Address: 21034 RUSTLEWOOD AVE
City-St-Zip: BOCA RATON, FL 33428

Title: TS ( ) Delete
Name: SMEDLEY, SARAH T
Address: 12218 57TH ROAD NORTH
City-St-Zip: ROYAL PALM BEACH, FL 33411

Title: TT ( ) Delete
Name: ROMANELLI, KIM
Address: 17715 38TH LANE NORTH
City-St-Zip: LOXAHATCHEE, FL 33470

Title: DC ( ) Delete
Name: ALL, MEMBERS
Address: 12218 57TH ROAD NORTH
City-St-Zip: ROYAL PALM BEACH, FL 33411

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition
Name: DAVIS, MIKE
Address: 6267 GRAPE VIEW BLVD
City-St-Zip: LOXAHATCHEE, FL 33470

Title: DVP (X) Change ( ) Addition
Name: GIBSON, CHARLIE
Address: 1145 GRAND VIEW CIRCLE
City-St-Zip: ROYAL PALM BEACH, FL 33411

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SARAH T SMEDLEY TS 04/16/2009

Electronic Signature of Signing Officer or Director — Date