

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 26, 2007
Secretary of State**

DOCUMENT# N99000002083

Entity Name: MASTER'S MECHANIC, INC.

Current Principal Place of Business:

6445 SE 24 AVE
OCALA, FL 34480 US

New Principal Place of Business:

Current Mailing Address:

3170 AIRMANS DRIVE
UNIT #2039-HI
FORT PIERCE, FL 34946

New Mailing Address:

6445 SE 24TH AVE
OCALA, FL 34480

FEI Number: 59-3583275 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WOODALL, CULLIE B
6445 SE 24 AVE
OCALA, FL 34480 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: D () Delete
Name: WOODALL, CULLIE B
Address: 6445 SE 24 AVE
City-St-Zip: Ocala, FL 34480

Title: D () Delete
Name: WOODALL, SANDRA C
Address: 6445 SE 24 AVE
City-St-Zip: Ocala, FL 34480

Title: D () Delete
Name: WOODALL, LILLIAN
Address: 331 SW 68 TERRACE
City-St-Zip: PEMBROKE PINES, FL 33023

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: T (X) Change () Addition
Name: MILLER, BERNICE
Address: 4615 SE 58TH PLACE
City-St-Zip: Ocala, FL 34480

Title: S () Change (X) Addition
Name: ESCOBAR, CATHY
Address: 411 SE 82ND PLACE
City-St-Zip: Ocala, FL 34480

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: CULLIE B WOODALL

D

04/26/2007

Electronic Signature of Signing Officer or Director

Date