## 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE: SIGNATURE

| DOCUMENT # P0000017427  1. Entity Name CIGNA AUTOMOTIVE INC.  |   |   |                                   |                     | 08 SEP 18 AH 8: 12   |
|---|---|---|-----------------------------------|---------------------|--|
| Principal Place of Business Mailing Address   |   |   |                                   |                     |  |
| •   |   | Mailing Address                                   |                                   |                     | LURETARY OF STATE  |
|   | IE HIGHWAY<br>BEACH FL 33064  | 5145 N. DIXIE HIGHWAY<br>DEERFIELD BEACH FL 33064 |                                   |                     | LLAHASSEE, FLORIDA   |
| 2. Principal P  | lace of Business - No P.O. Box #                                      | 3. Mailing Address                                |                                   |                     |  |
| Suite, Apt.   | #, etc.   | Suite, Apt. #, etc.                               |                                   |                     | 2nd MOORE CR2E034 (4/08)   |
| City & State  |   | City & State                                      |                                   |                     | 4. FEI Number 65-0982987 Applied For Not Applicable  |
| Zip   | Country   | Zip   | Country                           |                     | 5. Certificate of Status Desired \$8.75 Additional Fee Required  |
|   | 6. Name and Address of Current  | Registered Agent                                  |                                   |                     | 7. Name and Address of New Registered Agent  |
| CIGNA, STEVEN 2170 NW 44TH CT. LIGHTHOUSE POINT FL 33064  Street Addr  Street Addr  |   |   |                                   |                     | CiGna, Steven  Gress (P.O. Box Number is Not Acceptable)  HS NO. Dixie Hwy  Orthold Rch  FL Zip Code Y |
| 8. 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. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent agent agent agent agent and title if applicable.)  DATE  |   |   |                                   |                     |  |
| FILE NOW!!! FEE IS \$550.00  DUE BY September 3, 2008  Make Check Payable to Florida Department of State  S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00.  |   |   |                                   |                     |  |
| 10.   | OFFICERS AND  | DIRECTORS   | 11.                               |                     | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   | P<br>CIGNA, STEVEN<br>2170 N.E. 44TH CT.<br>LIGHTHOUSE POINT FL 33064 | ☐ Delete  | TITLE NAME STREE CITY-S           | T ADDRESS<br>ST-ZIP | P Ligna, Steven SIUS NO. Dixie Hury Seerfield Brach, F1 33064  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   | VP<br>CIGNA, MARY<br>2170 NE 44TH COURT<br>LIGHTHOUSE POINT FL 33064  | <b>√</b> Delete                                   | TITLE<br>NAME<br>STREET<br>CITY-S | T ADDRESS           | Change Addition  |
| TITLE   | The section of the  | ☐ Delete  | TITLE                             |                     | ☐ Change ☐ Addition  |
| STREET ADDRESS<br>CITY-ST-ZIP   |   |   | NAME<br>STREE<br>City-5           | T ADDRESS<br>ST-ZIP | 700136104347<br>09/18/0801044004 **150.00  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |   | ☐ Delete  | TITLE NAME STREET CITY-S          | T ADDRESS<br>ST-ZIP | ☐ Change ☐ Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   | □ Delete  | TITLE<br>NAME<br>STREET<br>CITY-S | T ADDRESS<br>ST-ZIP | ☐ Change ☐ Addition  |
| NAME STREET ADDRESS CITY-ST-ZIP   |   | ☐ Delete  | CITY-S                            |                     | ☐ Change ☐ Addition  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 trusted to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if |   |   |                                   |                     |  |

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