2004 FOR PROFIT CORPORATION

Mar 31, 2004 08:00 AM _ Secretary of State **ANNUAL REPORT** DOCUMENT # R00000059330 SON RISE AUTOMOTIVE, INC. Mailing Address Principal Place of Business 1800 N.W. 10TH ST. OCALA, FL 34475 1800 N.W. 10TH ST. OCALA, FL 34475 03292004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3650836 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent GIBBS, MATTHEW J DO NOT WRITE 1800 N.W. 10TH ST. OCALA, FL 34475 IN THIS SPACE 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 signature required when reinstating) U00000099986 \$5.00 May Be Added to Fees 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 03/31/04-80028-004 150.00 Trust Fund Contribution. 10. OFFICERS AND DIRECTORS TOTAL NAME GIBBS, MATTHEW J 1800 N.W. 10TH ST. STREET ADDRESS CITY-ST-ZIP OCALA, FL 34475 TITLE NAME STREET ADDRESS CHY-ST-ZIP BATEE NAME STREET ADDRESS DO NOT WRITE CETY-ST-ZEP TITLE IN THIS SPACE NAME

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). 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 trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all gither like empowered.

STREET ADDRESS CITY-ST-782 THE NAME STREET ADDRESS CATY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

OF SIGNING OFFICER OR DIRECTOR

FILED