

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000083707

FILED
Mar 15, 2007
Secretary of State

Entity Name: NEW IMAGE AUTOMOTIVE, INC.

Current Principal Place of Business:

2903 CENTRAL AVENUE
ST. PETERSBURG, FL 33713

New Principal Place of Business:

Current Mailing Address:

2903 CENTRAL AVENUE
ST. PETERSBURG, FL 33713

New Mailing Address:

FEI Number: 59-3668978

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FUCHS, LAWRENCE M ESQ.
590 ROYAL PALM BEACH BOULEVARD
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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: GAINER, HERBERT
Address: 2903 CENTRAL AVENUE
City-St-Zip: ST. PETERSBURG, FL 33713

Title: VD () Delete
Name: SHAW, JAMES E
Address: 12407 92ND TERR NORTH
City-St-Zip: SEMINOLE, FL 33772

Title: STD () Delete
Name: SHAW, TINA B
Address: 12407 92ND TERRACE N
City-St-Zip: SEMINOLE, FL 33772

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: SHAW, JAMES E
Address: 2903 CENTRAL AVENUE
City-St-Zip: ST. PETERSBURG, FL 33713

Title: VD (X) Change () Addition
Name: SHAW, JAMES E
Address: 2903 CENTRAL AVE
City-St-Zip: ST PETE, FL 33713

Title: STD (X) Change () Addition
Name: SHAW, JAMES E
Address: 2903 CENTRAL AVE
City-St-Zip: ST PETE, FL 33713

I hereby certify that the information supplied with this filing does not qualify for the 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES E SHAW

PD

03/15/2007

Electronic Signature of Signing Officer or Director

Date