Mar 22, 2007 8:00 am 2007 FOR PROFIT CORPORATION **ANNUAL REPORT** Secretary of State DOCUMENT # P00000089430 03-22-2007 90001 008 ***155.00 FLORIDA AUTO CARE SYSTEMS, INC. Principal Place of Business Mailing Address 40022410 638 NE 15TH CT 638 NE 15TH CT CAPE CORAL, FL 33909 CAPE CORAL, FL 33909 01172007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1046141 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent JEWELL, HENRY J DO NOT WRITE **2905 S W 26TH STREET** CAPE CORAL, FL 33914 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) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. PTD TITLE

POLAND, RONALD R NAME STREET ADDRESS 4625 BERKSHIRE RD SAINT JAMES CITY, FL 33956 CITY-ST-ZIP VSD TITLE JEWELL, HENRY J NAME STREET ADDRESS 2905 S W 26TH STREET CITY-ST-ZIP CAPE CORAL, FL 33914 TITI F NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

DO NOT WRITE IN THIS SPACE

FILED

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 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 other like empowered.

SIGNATU	IRE:
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NAME STREET ADDRESS City-ST-7IP

INATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/07

239-242-2524

Daytime Phone #