

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000009842

FILED
Jul 16, 2008
Secretary of State

Entity Name: MASTER CRAFT AUTO BODY, INC.

Current Principal Place of Business:

170 BUSINESS PARKWAY
ROYAL PALM BEACH, FL 33411

New Principal Place of Business:

Current Mailing Address:

170 BUSINESS PARKWAY
ROYAL PALM BEACH, FL 33411

New Mailing Address:

FEI Number: 65-1077742 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARTIN, NAVARRETE
1188 PRIMROSE LANE
WELLINGTON, FL 33414 US

Name and Address of New Registered Agent:

CESPEDES, YURY OWNER
1048 SALMON ISLES
GREENACRES, FL 33413 US

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: YURY CESPEDES

07/16/2008

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: SEC () Delete
Name: KEEN, KIMBERLEY D
Address: 15623 73RD STREE N.
City-St-Zip: LOXAHATCHEE, FL 33470

Title: VP () Delete
Name: NAVARRETE, MARTIN
Address: 1188 PRIMROSE LANE
City-St-Zip: WELLINGTON, FL 33414

Title: P () Delete
Name: CESPEDES, YURY W
Address: 2172 B N MILTARY TR
City-St-Zip: W PALM BCH, FL 33413

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: YURY CESPEDES

OWNE

07/16/2008

Electronic Signature of Signing Officer or Director

Date