




# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 23, 2007 8:00 am  
Secretary of State

04-23-2007 90259 011 \*\*\*158.75

<b>DOCUMENT # P01000014135</b> 1. Entity Name <b>WARD AUTOMOTIVE AND PERFORMANCE, INC.</b>					
Principal Place of Business <b>2161 19TH STREET SARASOTA, FL 34234</b>		Mailing Address <b>2161 19TH STREET SARASOTA, FL 34234</b>			
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip      Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip      Country		<div style="font-size: 24pt; font-weight: bold; margin-bottom: 10px;">40077266</div>  <div style="margin-top: 10px;">           04192007    Chg-P    CR2E034 (12/06)         </div> <div style="margin-top: 5px;">           4. FEI Number  <b>65-1078066</b> </div> <div style="margin-top: 5px;">           5. Certificate of Status Desired    <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b> </div>	
<b>6. Name and Address of Current Registered Agent</b> <b>WARD, WILLIAM E 511 MELODY CIRLCE SARASOTA, FL 34237</b>				<b>7. Name and Address of New Registered Agent</b> Name <u>Agent The Same - Address</u> Street Address (P.O. Box Number is Not Acceptable) <u>Change</u> <u>935 TARPON</u> City <u>Sarasota</u> <b>FL</b> Zip Code <u>34234</u>	
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 <u>Ward William E.</u>  <u>4-19-07</u> <small>Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WARD, WILLIAM E 2161 13TH ST SARASOTA, FL 34234 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Ward William E 2161 19th ST Sarasota FL 342 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Phyllis A. Austin 4501 Summer Cove Dr E. #313 Sarasota FL 34243 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 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.					
SIGNATURE: <u>Phyllis A. Austin</u> <u>Phyllis A. Austin</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u>4-19-07</u> <u>941 360-0001</u> <small>Date    Daytime Phone #</small>		