FILED 2007 FOR PROFIT CORPORATION ANNUAL REPORT Feb 05, 2007 08:00 AM **Secretary of State** DOCUMENT # P01000044171 CARS, INC., OF TAMPA BAY Principal Place of Business Mailing Address 11974 N. FLORIDA AVE 11974 N. FLORIDA AVE TAMPA, FL 33612 TAMPA, FL 33612 01102007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3718979 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BUDREAU, JAMES W DO NOT WRITE 11974 N. FLORIDA AVE. TAMPA, FL 33612 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, typnd or priviled name of ingistered 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.

TITLE BUDREAU, JAMES W NAME STREET ADDRESS 11974 N. FLORIDA AVE. CITY-ST-ZIP TAMPA, FL 33612 TITLE

U00000621054 02/12/07-80002-004 150.ob

DO NOT WRITE IN THIS SPACE

CITY-ST-ZIP 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:

STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS

TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS CETY-S1-ZIP

NAME STREET ADDRESS

CITY-ST-ZIP

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR