2008 FOR PROFIT CORPORATION ANNUAL REPORT **FILED** Apr 22, 2008 08:00 AN Secretary of State **DOCUMENT # P01000062721** SUNSET AUTOMOTIVE GROUP, INC. Principal Place of Business Mailing Address 1800 BAY ROAD 1800 BAY ROAD SARASOTA, FL 34239 SARASOTA, FL 34239 04072008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number 65-1119091 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent MCLAUGHLIN, THOMAS J DO NOT WRITE 200 S. ORANGE AVE. SARASOTA, FL 34236 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, typed or printed name of registered agent and title if applicable

SIGNATURE.

SIGNATURE: V

Applied For

\$8.75 Additional

Fee Required

4/8/2008

941-366-7800

Daytime Phone #

Not Applicable

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered				3 Agent signatura required when reinstating)		HOODOO AT AF	
	E NOWIII FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00		Campaign Financing and Contribution.		\$5.00 May Be Added to Fees	05/08/08-80044-020 150.00	
10.	OFFICERS AND DIRE	CTORS				<u> </u>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST GEYER, ROBERT W 1800 BAY ROAD SARASOTA, FL 34239						
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS CITY-ST-ZIP					DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN THIS SPACE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS CITY-ST-7IP							

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert W. Geyer , Pres.

(NOTE: Registered Agent signature required when reinstating)