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Aug 13, 2008 8:00 am
Secretary of State

06-23-2008 90002 008 ***150.00

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000069857

1. Entity Name
MULTI-GEAR BIKE & SPORT, INC.

66015919

06022008 Chg-P CR2E034 (12/06)

Principal Place of Business	Mailing Address
7825 US HIGHWAY 301, SOUTH RIVERVIEW, FL 33569	7825 US HIGHWAY 301, SOUTH RIVERVIEW, FL 33569
2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number: 59-3732337 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SMITH, SHERMAN A
8614 PARKWAY CIRCLE
RIVERVIEW, FL 33569

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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] 6-19-08
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $550.00
Due by September 12, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SMITH, SHERMAN A 8614 PARKWAY CIRCLE RIVERVIEW, FL 33569	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR OF BICYCLE REPAIR WILLIAM C BATTLES JR. 7825 US HWY 301 S. RIVERVIEW FL 33578	☐ Change ■ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SAHMS, WILLIAM C 2524 CHAPEL WAY TAMPA, FL 33618	■ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR OF SCOOTER REPAIR MICHAEL JANUSZ 10909 HANCOCK ST. RIVERVIEW FL 33569	☐ Change ■ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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: [signature] 7-10-08 813 741 2421
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #