2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

BRNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Jul 03, 2007 08:00 AM DOCUMENT # P01000095355 **Secretary of State** 1. Entity Name ED-E-K-CARS INC. Principal Place of Business Mailing Address 1041 SLOANS RIDGE RD 1041 SLOANS RIDGE RD GROVELAND, FL 34736 GROVELAND, FL 34736 No Chg-P 06252007 CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3751800 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent JERNIGAN, PATTI JO DO NOT WRITE 836 W MONTROSE STREET SUITE 5 IN THIS SPACE CLERMONT, FL 34711 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. U00000766816 <u>07/03/07-80002-007 150.00</u> SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent algosture required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Due by September 14, 2007 Added to Fees corporation did not receive the prior notice. 10. OFFICERS AND DIRECTORS TITLE NAME KAYE, EDWARD M 1041 SLOANS RIDGE RD STREET ADDRESS CATY-ST-ZIP GROVELAND, FL 34736 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 they eceiver 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.