2007 FOR PROFIT CORPORATION

FILED ANNUAL REPORT Jan 22, 2007 08:00 AM DOCUMENT # P01000111153 **Secretary of State** BROWARD TRUCK & BODY REPAIR, INC. Principal Place of Business Mailing Address 5725 SW 42ND CT. 5725 SW 42ND CT. DAVIE, FL 33314 **DAVIE, FL 33314** No Chg-P CR2E034 (11/05) 01182007 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1154469 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent LINDSAY, DELROY J DO NOT WRITE 2400 NW 44TH AVE. LAUDERHILL, FL 33313 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS TITLE NAME LINDSAY, DELROY J STREET ADDRESS 2400 NW 44TH AVE. U00000594909 01/23/07-80020-004 150.00 CITY-ST-ZIP LAUDERHILL, FL 33313 TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

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 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

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

GNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR