


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Sep 03, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P01000120867</b> 1. Entity Name <b>PREMIERE AUTOTECHNIKS INC.</b>		
Principal Place of Business <b>9874 PINES BLVD. PEMBROKE PINES, FL 33024</b>	Mailing Address <b>9874 PINES BLVD. PEMBROKE PINES, FL 33024</b>	
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  <b>ALLEN, KARL A 8610 N SHERMAN CIRCLE 506 MIRAMAR, FL 33025</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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: <u><i>K. J. Allen</i></u> <span style="float: right;">5/5/04.</span> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>		
<b>FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
<b>10. OFFICERS AND DIRECTORS</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P ALLEN, KARL 8610 N SHERMAN CIR #506 MIRAMAR, FL 33025</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VP BAILEY, HUGH E 7478 NW 49 PLACE LAUDERHILL, FL 33319</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VP REDWOOD, NIGEL 8610 N. SHERMAN CIRCLE #507 MIRAMAR, FL 33025</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VPT MCGREGOR, CARLTON 16150 SW 28TH COURT MIRAMAR, FL 33027</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u><i>K. J. Allen</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>5/5/04</u> <small>Date</small> <small>Daytime Phone #</small>



05052004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>80-0004408</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

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09/03/04-80003-016 150.00

**DO NOT WRITE  
IN THIS SPACE**