2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Nov 14, 2006
Secretary of State

DOCUMENT# P02000020461

Entity Name: MAIN STREET RADIATOR & AUTOMOTIVE REPAIR, INC.

Current Principal Place of Business:

5206 NORTH MAIN STREET
JACKSONVILLE, FL 32208

New Principal Place of Business:

Current Mailing Address:

5206 NORTH MAIN STREET
JACKSONVILLE, FL 32208

New Mailing Address:

FEI Number: 02-0550238 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HENRY, MICHAELLE
4733 CINAMMON FERN DR
JACKSONVILLE, FL 32210 US

Name and Address of New Registered Agent:

HENRY, MICHAELLE
5206 NORTH MAIN STREET
JACKSONVILLE, FL 32208 US

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.

SIGNATURE: MICHAELLE HENRY 11/14/2006
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: HENRY-MAXIS, MICHELINE
Address: 4733 CINAMMON FERN DR
City-St-Zip: JACKSONVILLE, FL 32210

Title: ST ( ) Delete
Name: HENRY, MICHAELLE
Address: 4733 CINAMMON FERN DR
City-St-Zip: JACKSONVILLE, FL 32210

Title: V ( ) Delete
Name: MAXCIS, MADOCHE
Address: 4733 CINAMMON FERN DR
City-St-Zip: JACKSONVILLE, FL 32210

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: HENRY, MICHAELLE
Address: 5206 NORTH MAIN STREET
City-St-Zip: JACKSONVILLE, FL 32206

Title: VP (X) Change ( ) Addition
Name: HENRY, MICHAELLE
Address: 5206 NORTH MAIN STREET
City-St-Zip: JACKSONVILLE, FL 32208

Title: S (X) Change ( ) Addition
Name: HENRY, MICHAELLE
Address: 5206 NORTH MAIN STREET
City-St-Zip: JACKSONVILLE, FL 32208

Title: T ( ) Change (X) Addition
Name: HENRY, MICHAELLE
Address: 5206 N MAIN STREET
City-St-Zip: JACKSONVILLE, FL 32208

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAELLE HENRY P 11/14/2006
Electronic Signature of Signing Officer or Director Date