2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P02000020461

Entity Name: MAIN STREET RADIATOR & AUTOMOTIVE REPAIR INC.

FILED Nov 22, 2006 Secretary of State

Current Principal Place of Business:		New Principal Place of Business:	
5206 NORTH MAIN STR JACKSONVILLE, FL 322			
Current Mailing Address:		New Mailing Address:	
5206 NORTH MAIN STR JACKSONVILLE, FL 322			
FEI Number: 02-0550238	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and Address of (Current Registered Agent:	Name and Address o	f New Registered Agent:
HENRY, MICHAELLE 5206 NORTH MAIN STR JACKSONVILLE, FL 322	· ·		
The above named entity in the State of Florida.	submits this statement for the լ	purpose of changing its registered	d office or registered agent, or both,
SIGNATURE:			
	nic Signature of Registered Ag	1	Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition HENRY, MICHAELLE MACXIS, MICHELINE H Name: Name: 5206 NORTH MAIN STREET 5206 NORTH MAIN STREET Address: Address: City-St-Zip: JACKSONVILLE, FL 32206 City-St-Zip: JACKSONVILLE, FL 32208 Title: () Delete Title: VPT (X) Change () Addition HENRY, MICHAELLE Name: Name: MACXIS, MADOCHE Address: Address: 5206 NORTH MAIN STREET 5206 NORTH MAIN STREET JACKSONVILLE, FL 32208 JACKSONVILLE, FL 32208 City-St-Zip: City-St-Zip: Title: Title: (X) Delete () Change () Addition Name: HENRY, MICHAELLE Name: 5206 NORTH MAIN STREET Address: Address: City-St-Zip: JACKSONVILLE, FL 32208 City-St-Zip: Title: (X) Delete Title: () Change () Addition HENRY, MICHAELLE Name: Name: Address: 5206 N MAIN STREET Address: City-St-Zip: JACKSONVILLE, FL 32208 City-St-Zip:

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: MICHELINE H MACXIS P 11/22/2006