2007 FOR PROFIT CORPORATION

FILED ANNUAL REPORT Apr 30, 2007 08:00 AM Secretary of State DOCUMENT # P02000023067 60 MIN. AUTO TINT NORTH, INC. Principal Place of Business Mailing Address 10658 SO. FEDERAL HWY 10658 SO. FEDERAL HWY PORT ST. LUCIE, FL 34957 PORT ST. LUCIE, FL 34957 04282007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 35-2161043 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent EKSTROM, DAVID DO NOT WRITE 7337 SHELL RIDGE TERRACE LAKE WORTH, FL 33467 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 the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS D TITLE NAME EKSTROM, DAVID STREET ADDRESS 7337 SHELL RIDGE TERRACE CITY-ST-ZIP LAKE WORTH, FL 33467 TITLE NAME STREET ADDRESS CITY-ST-ZIP U00000741679 05/15/07-80037-019 150.00 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify the the information supplied with his filing 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 titue 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:

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR