## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## Jan 24, 2005 08:00 AM Secretary of State DOCUMENT # P02000030938 PIT CREW AUTOMOTIVE, INC. Principal Place of Business Mailing Address 11526 PROSPEROUS DRIVE 11526 PROSPEROUS DRIVE ODESSA, FL 33556 ODESSA, FL 33556 No Chg-P 01172005 CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 01-0651251 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MENDIK, JERRY DO NOT WRITE 11526 PROSPEROUS DRIVE ODESSA, FL 33556 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 little if applicable (NOTE, Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE MENDIK, JERRY NAME U00000131817 01/24/05-80188-021 150.00 STREET ADDRESS 11526 PROSPEROUS DRIVE CITY-ST-ZIP ODESSA, FL 33556 TITLE MENDIK, JUDY NAME STREET ADDRESS 11526 PROSPEROUS DRIVE CITY-ST-ZIP ODESSA, FL 33556 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP 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:

NAME STREET ADDRESS CITY-ST-ZIP

IGNATURE AND TYPED OR PROVED HAME OF SIGNING OFFICER OR DIRECTOR

1/19/05

FILED

727-376-13/9