2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 08, 2008 08:00 AN Secretary of State

| С | OCUMENT | #P02 | 000099029 | |
|---|---------|------|-----------|--|

1. Entity Name

THUNDER ROAD FX, INC.



Principal Place of Business

597 S. EDGEWOOD AVE. JACKSONVILLE, FL 32205

Mailing Address

4771 RIVERINE DRIVE JACKSONVILLE, FL 32210



DO NOT WRITE IN THIS SPACE

02042008 No Chg-P CR2E034 (11/05)

4. FEI Number 11-3653598 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CAMPBELL, FREDERICK 4771 RIVERINE DRIVE JACKSONVILLE, FL 32210

DO NOT WRITE 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 | | : Registere | d Agent signature required when reinstating) | DATE | | | |
| | E NOWIII FEE IS \$150.00 Trust Fund Contrary 1, 2008 Fee will be \$550.00 | gn Finan | \$5.00 May Be 10 | U00000820932 02/19/08+80003+019 150 00 | | | |
| 10. | OFFICERS AND DIRECTORS | \Box | | | | | |
| NAME STREET ADDRESS CITY-ST-ZIP | DPVS CAMPBELL, FREDERIC 4771 RIVERINE DRIVE JACKSONVILLE, FL 32210 | | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T CAMPBELL, FREDERICK 4771 RIVERINE DRIVE JACKSONVILLE, FL 32210 | | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | DO N | IOT WRITE | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | IN TH | HIS SPACE | | | |
| TITLE NAME STREET ADDRESS | | | | | | | |

12. I hereby certify that the information supplied with this filling 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 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 truetee 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:

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/4/08 9043895656