2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000101199

City-St-Zip:

FILED Jan 03, 2008 Secretary of State

| Entity Name: DEALER TAG AGENCY, INC. | | | | | | |
|---|---|----------------------------------|---|---|----------------------------|--|
| Current Principal Place of Business: | | | New Princ | New Principal Place of Business: | | |
| 2250 E BU TAMPA, FI | SCH BLVD _ 33612 | | | | | |
| Current M | ailing Addres | s: | New Mailing Address: | | | |
| 2250 E BU TAMPA, FI | SCH BLVD _ 33612 | | | | | |
| FEI Number: | 33-1027540 | FEI Number Applied For () | FEI Number Not Appl | cable () Certifi | cate of Status Desired () | |
| Name and | Address of C | urrent Registered Agent: | Name and | Name and Address of New Registered Agent: | | |
| HOLEMAN 2250 E BU TAMPA, FI | I, JASON D SCH BLVD _ 33612 US | 3 | 2250 E BU | HOLEMAN, JASON D DIR 2250 E BUSCH BLVD TAMPA, FL 33612 US | | |
| The above in the State | named entity s of Florida. | submits this statement for the p | urpose of changing i | s registered office o | registered agent, or both, | |
| SIGNATUR | RE: JASON H | OLEMAN | | 01/03/2008 | | |
| | Electron | ic Signature of Registered Age | nt | | Date | |
| Election Can | npaign Financing | Trust Fund Contribution (). | | | | |
| OFFICERS AND DIRECTORS: | | | ADDITION | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | | |
| Title: Name: Address: City-St-Zip: | CPS () DE LA VIESCA, 18655 SOUTH I MIAMI, FL 331 | DIXIE HWY | Title: Name: Address: City-St-Zip: | () Change | e () Addition | |
| Title: Name: Address: City-St-Zip: | DVT () COLE, PERRY 18655 SOUTH I MIAMI, FL 331 | DIXIE HWY | Title: Name: Address: City-St-Zip: | () Change | e()Addition | |
| Title: Name: Address: City-St-Zip: | () | Delete | Title: Name: Address: City-St-Zip: | DIR () Change LOGAN, HARLAN DIR 2250 E BUSCH BLVD TAMPA, FL 33612 | e (X) Addition | |
| Title: Name: Address: | () | Delete | Title: Name: Address: | DIR () Change HOLEMAN, JASON D E 2250 E BUSCH BLVD | e (X) Addition JIR | |

I hereby certify that the information supplied with this filing does not qualify 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.

City-St-Zip:

TAMPA, FL 33612

SIGNATURE: JASON HOLEMAN 01/03/2008 DIR