2012 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Nov 16, 2012
Secretary of State

DOCUMENT# P02000121446

Entity Name: TMT AUTO CLINIC, INC.

Current Principal Place of Business:

1117 S.R. 20
INTERLACHEN, FL 32148

New Principal Place of Business:

Current Mailing Address:

1117 S.R. 20
INTERLACHEN, FL 32148

New Mailing Address:

FEI Number: 04-3724092 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WILLIAMS, THOMAS A
1117 S.R. 20
INTERLACHEN, FL 32148 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD
Name: WILLIAMS, LEAH A
Address: 1117 S.R. 20
City-St-Zip: INTERLACHEN, FL 32148

Title: VPD
Name: WILLIAMS, THOMAS A
Address: 1117 S.R. 20
City-St-Zip: INTERLACHEN, FL 32148

Title: SD
Name: WILLIAMS, TIMOTHY A
Address: 1117 S.R. 20
City-St-Zip: INTERLACHEN, FL 32148

Title: TD
Name: WILLIAMS, THOMAS P
Address: 1117 S.R. 20
City-St-Zip: INTERLACHEN, FL 32148

I hereby 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 all other like empowered.

SIGNATURE: THOMAS A. WILLIAMS VPD 11/16/2012

Electronic Signature of Signing Officer or Director — Date