2007 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

changed, or on an attachment with

SIGNATURE:

address, with all other like empowered

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jul 05, 2007 08:00 AM DOCUMENT #P02000126936 **Secretary of State** 1. Entity Name TOP FUEL 555, INC. Principal Place of Business Mailing Address 17390 CORKSCREW ROAD 17390 CORKSCREW ROAD ESTERO FL 33928 US ESTERO FL 33928 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Act. #, etc. Suite, Aut #, etc. 2nd MOORE CR2E034 (4/07) City & State City & State 4. FEI Number Applied For 06-1664241 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BRANTLEY, JAMES F 17390 CORKSCREW ROAD Street Address (F.O. Box Number is Not Acceptable) ESTERO FL 33928 City Zip Code 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 -Signalure, typed or printed name of registered appell and life it applicable (NOTE: Required Adem signature required when reinstating) SATE FILE NOW!!! FEE IS \$550.00 S 607 193(2)(b), F.S., allows for the waiver of the \$400 00 9. Election Campaign Financing \$5.00 May Be DUE BY September 5, 2007 late fee. By checking this box, the corporation certifies it Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State did not receive prior notice. Fee to file is \$150.00 OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 IIILE ☐ Delete THILE ☐ Charige ☐ Addition BRANTLEY, JAMES F MAME NAML STREET ADDRESS 17930 CORKSCREW ROAD STHELT AUDRESS U00000767226 ESTERO FL 33928 CITY-ST ZIP CITY-ST-ZIP TITLE ☐ Delete THLE NAME DAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-JIP City-St-ZiP TITLE ☐ Delete MILL Change ☐ Adoition HALL NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY - ST - ZIP THE ☐ Delete TIFLE ☐ Change ☐ Addition NAME MALLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete HIEF ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby config that the information supplied with this 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 foront 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 hisself empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

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