


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 02, 2007 8:00 am**  
**Secretary of State**

07-02-2007 90037 044 \*\*\*150.00

<b>DOCUMENT # P03000026209</b>	
1. Entity Name <b>BUMPER TO BUMPER AUTO COLLISION, INC.</b>	

Principal Place of Business <b>7650 HOOPER RD BAY 13 WEST PALM BEACH, FL 33411</b>	Mailing Address <b>9240 S.W. 49 ST COOPER CITY, FL 33328</b>
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40122407



2. Principal Place of Business - No P.O. Box # <b>5630 RODMAN ST Suite, Apt. #, etc. Hollywood, FL City &amp; State 33023 Zip</b>	3. Mailing Address <b>5630 RODMAN ST Suite, Apt. #, etc. Hollywood, FL City &amp; State 33023 Country USA</b>
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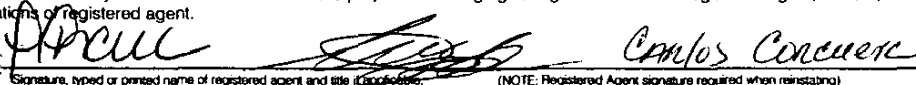
06242007 Chg-P CR2E034 (12/06)

4. FEI Number <b>87-0688469</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>CORCUERA, CARLOS H 9240 S.W. 49 ST COOPER CITY, FL 33328</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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.

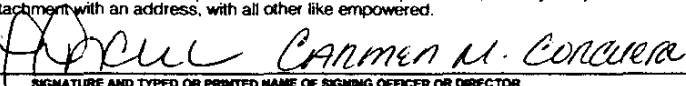
SIGNATURE:  **Carlos Corcuera** DATE: **6/26/07**

(NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>P</b>	<input type="checkbox"/> Delete	TITLE <b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>CORCUERA, CRAMEN M</b>		NAME <b>CARLOS H. CORCUERA</b>	
STREET ADDRESS <b>9240 S.W. 49 ST</b>		STREET ADDRESS <b>9240 SW 49 ST</b>	
CITY - ST - ZIP <b>COOPER CITY, FL 33328</b>		CITY - ST - ZIP <b>COOPER CITY, FL 33328</b>	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	

12. I hereby certify 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 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:  **Carmen M. Corcuera** DATE: **6/26/07** DAYTIME PHONE #: **934-967-6237**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR