


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 29, 2007 8:00 am
Secretary of State


05-29-2007 90044 015 ***150.00

DOCUMENT # P03000038738	
1. Entity Name DEALER LOT MANAGEMENT INC.	

Principal Place of Business 699 MASON AVE DAYTONA BEACH, FL 32117	Mailing Address 400 SEABREEZE BLVD DAYTONA BEACH, FL 32118
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address 699 MASON AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Daytona Beach FL	City & State Daytona Beach FL
Zip 32117	Country USA

	
04252007	Chg-P CR2E034 (12/06)
4. FEI Number 75-3109887	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BRETZEL, MICHAEL R 400 SEA BREEZE BLVD DAYTONA BEACH, FL 32118	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable) 539 N. Oleander Ave	
City Daytona Beach	FL Zip Code 32118

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 Michael R Bretzel, P	DATE 4/25/2007
<small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE P	<input type="checkbox"/> Delete
NAME BRETZEL, MICHAEL R	
STREET ADDRESS 400 SEA BREEZE BLVD	
CITY-ST-ZIP DAYTONA BEACH, FL 32118	
TITLE VP	<input type="checkbox"/> Delete
NAME BRETZEL, MICHAEL R	
STREET ADDRESS 400 SEA BREEZE BLVD	
CITY-ST-ZIP DAYTONA BEACH, FL 32118	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME 539 N Oleander Ave	
STREET ADDRESS Daytona Beach FL 32118	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME 539 N Oleander Ave	
STREET ADDRESS Daytona Beach FL 32118	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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.	
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SIGNATURE: [Signature]	DATE: 4/25/2007	DAYTIME PHONE: 386-253-3744
<small>SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		