

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P03000077311

FILED
Sep 27, 2006
Secretary of State

Entity Name: OUT OF CONTROL CUSTOM CYCLES INC.

Current Principal Place of Business:

4760SOUTH FEDERAL HWY. 1
ST. LUCIE, FL 34982

New Principal Place of Business:

Current Mailing Address:

4760SOUTH FEDERAL HWY. 1
ST. LUCIE, FL 34982

New Mailing Address:

FEI Number: 16-1682792

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LOUDERMILK, TERI D
4760 SOUTH FEDERAL HWY 1
ST. LUCIE, FL 34982 US

Name and Address of New Registered Agent:

LOUDERMILK, ALLISON E
4760 SOUTH FEDERAL HWY 1
ST. LUCIE, FL 34982 US

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: ALLISON E LOUDERMILK

09/27/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VSTD () Delete
Name: LOUDERMILK, TERI D
Address: 2126 STARGRASS AV E
City-St-Zip: PORT SAINT LUCIE, FL 34953

Title: P () Delete
Name: LOUDERMILK, AL
Address: 2126 STARGRASS AVE
City-St-Zip: PORT SAINT LUCIE, FL 34953

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VSTD (X) Change () Addition
Name: LOUDERMILK, ALLISON E
Address: 4760 S HWY. 1
City-St-Zip: FT. PIERCE, FL 34982

Title: P (X) Change () Addition
Name: LOUDERMILK, ALLISON E
Address: 4760 S. HWY 1
City-St-Zip: FT. PIERCE, FL 34982

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

SIGNATURE: ALLISON E LOUDERMILK

P

09/27/2006

Electronic Signature of Signing Officer or Director

Date