

**2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P03000082329

Entity Name: AUTO BUSTERS, INC.

**FILED**  
**Nov 02, 2009**  
**Secretary of State****Current Principal Place of Business:**30510 REED RD  
DADE CITY, FL 33523 US**New Principal Place of Business:****Current Mailing Address:**30510 REED RD  
DADE CITY, FL 33523 US**New Mailing Address:**

FEI Number: 03-0524457

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**BAGEARD, KAREN  
6750 SUTTON OAKS LN  
ZEPHYRHILLS, FL 33541 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: DPST ( ) Delete  
Name: KIMHAN, KENDALL  
Address: 30510 REED RD  
City-St-Zip: DADE CITY, FL 33523 USTitle: ( ) Delete  
Name:  
Address:  
City-St-Zip:**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:Title: V ( ) Change (X) Addition  
Name: KIMHAN, CRISS A VP  
Address: 30510 REED RD  
City-St-Zip: DADE CITY, FL 33523 US

I hereby certify that the information supplied with this filing does not qualify 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: KENDALL KIMHAN

DPST

11/02/2009

Electronic Signature of Signing Officer or Director

Date