


**FILED**  
**Jan 07, 2008 8:00 am**  
**Secretary of State**

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<b>DOCUMENT # P03000083548</b>		Secretary of State 01-07-2008 90041 031 ***158.75	
<b>1. Entity Name</b> AIRPORT CAR SERVICE, INC.			
<b>Principal Place of Business</b> 11125 PARK BLVD STE 104-184 SEMINOLE, FL 33772		<b>Mailing Address</b> 706 W. PENINSULAR ST. TAMPA, FL 33603	
<b>2. Principal Place of Business - No P.O. Box #</b>  Suite, Apt. #, etc.		<b>3. Mailing Address</b>  Suite, Apt. #, etc.	
<b>City &amp; State</b>  City      Country		<b>4. FEI Number</b> 01032008      Chg-P      CR2E034 (12/06) 20-0121870	
<b>Zip</b> <b>Country</b>		<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
<b>6. Name and Address of Current Registered Agent</b>  VALLEE, GEORGE R 706 W. PENINSULAR ST. TAMPA, FL 33603		<b>7. Name and Address of New Registered Agent</b> Name: Linda K. Vallee Street Address (P.O. Box Number is Not Acceptable): 706 W. Peninsular Street City: Tampa      FL      Zip Code: 33603	
<b>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.</b> SIGNATURE: Linda K. Vallee Vice President Airport Car Service, Inc.      DATE: 1-03-08 <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		<b>9. Election Campaign Financing Trust Fund Contribution.</b> <input type="checkbox"/> \$5.00 May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE: P NAME: VALLEE, GEORGE R STREET ADDRESS: 706 W. PENINSULAR ST CITY-ST-ZIP: TAMPA, FL 33603	<input type="checkbox"/> Delete	TITLE: DP NAME: Vallee, George R. STREET ADDRESS: 706 W. Peninsular Street CITY-ST-ZIP: Tampa, Florida 33603	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: VP NAME: VALLEE, LINDA K STREET ADDRESS: 706 W. PENINSULAR ST. CITY-ST-ZIP: TAMPA, FL 33603	<input type="checkbox"/> Delete	TITLE: MV NAME: Vallee, Linda K. STREET ADDRESS: 706 w. Peninsular Street CITY-ST-ZIP: Tampa, Florida 33603	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>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.</b>			
SIGNATURE: Linda K. Vallee Vice President, Service, Inc. /-3-08		813-966-1779	