


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 22, 2007 8:00 am**  
**Secretary of State**

02-22-2007 90006 003 \*\*\*150.00

<b>DOCUMENT # P03000086731</b> 1. Entity Name <b>ACME AUTO, INC.</b>					
Principal Place of Business <b>11825 COLLIER BLVD NAPLES, FL 34120</b>			Mailing Address <b>11825 COLLIER BLVD NAPLES, FL 34120</b>		
2. Principal Place of Business - No P.O. Box # <b>256 14 AVE NW</b> Suite, Apt. #, etc.		3. Mailing Address <b>256 14 AVE NW</b> Suite, Apt. #, etc.			
City & State <b>Naples</b>		City & State <b>Naples FL</b>		4. FEI Number <b>36-4536578</b>	
Zip <b>34120</b>		Country <b>Collier</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>BENEDETTO, JOE 356 14 AVE NW NAPLES, FL 34120</b>				7. Name and Address of New Registered Agent Name <b>Joseph Benedetto</b> Street Address (P.O. Box Number is Not Acceptable) <b>256 14 AVE NW</b> City <b>Naples</b> <b>FL</b> Zip Code <b>34120</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. SIGNATURE <u><i>Joseph Benedetto</i></u> DATE <u>2-17-07</u> <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</b> <b>After May 1, 2007 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>BENEDETTO, JOE</b> <b>11825 COLLIER BLVD</b> <b>NAPLES, FL 34120</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>Joseph Benedetto</b> <b>256 14 AVE NW</b> <b>Naples FL 34120</b>	<input checked="" type="checkbox"/> Change <input 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
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: <u><i>Joseph Benedetto</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u>2-17-07</u> <u>239 825 9258</u> <small>Date Daytime Phone #</small>		