2007 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 25, 2007 08:00 A DOCUMENT # P03000096977 Secretary of State GERMAN MOTOR CAR SALES, INC. Principal Place of Business Mailing Address 595 9TH AVENUE N. 595 9TH AVENUE N. SAFETY HARBOR, FL 34695 SAFETY HARBOR, FL 34695 01172007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 01-0796469 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent PIMM, WAYNES DO NOT WRITE 17716 CURRIE FORD DRIVE LUTZ, FL 33558 IN THIS SPACE 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 famillar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and little if applicable. (NOTE: Registered Agent signature required when reinstating) DATE U00000604043 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 ′29/07-80038[,] Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS 10, TITLE PIMM, WAYNE S NAME 17716 CURRIER FORD DRIVE STREET ADDRESS CITY-ST-ZIP LUTZ. FL 33558 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. Thereby certify that the information supplied with his filling 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 the 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:

HOLDER OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1. 23.07

727:725:5523

FILED