2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000117840

Entity Name: MICHAEL TULP REPAIRS INC.

FILED Apr 15, 2007 Secretary of State

Current Principa	al Place of Business:	New Principal Place of Business:

718 SW PORT ST LUCIE BLVD 651 NW ENTERPRISE DRIVE

-5 SUITE 112

PORT ST LUCIE, FL 34953 US PORT ST LUCIE, FL 34986 US

Current Mailing Address: New Mailing Address:

718 SW PORT ST LUCIE BLVD 651 NW ENTERPRISE DRIVE

-5 SUITE 112

PORT ST LUCIE, FL 34953 US PORT ST LUCIE, FL 34986 US

FEI Number: 20-0345247 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

TULP, MICHAEL T
718 SW PORT ST LUCIE BLVD
651 NW ENTERPRISE DRIVE
E-5 SUITE 112

PORT ST LUCIE, FL 34953 US PORT ST LUCIE, FL 34986 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: 04/15/2007

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D () Delete Title: D (X) Change () Addition

Name: TULP, MICHAEL T Name: TULP, MICHAEL T

Address: 718 SW PORT ST LUCIE BLVD Address: 651 NW ENTERPRISE DRIVE SUITE 112

City-St-Zip: PORT ST LUCIE, FL 34953 US City-St-Zip: PORT ST LUCIE, FL 34986 US

Name: TULP, ANNE-MARIE Name: TULP, ANNE-MARIE

Address: 718 SW PORT ST LUCIE BLVD Address: 651 NW ENTERPRISE DRIVE SUITE 112

City-St-Zip: PORT ST LUCIE, FL 34953 US City-St-Zip: PORT ST LUCIE, FL 34953 US

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: MICHAEL T TULP D 04/15/2007