2005 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 10, 2005 8:00 am **Secretary of State DOCUMENT # P03000137533** 01-10-2005 90030 003 ***150.00 TREBOR REPAIR INC Principal Place of Business Mailing Address 14541 HUNTINGFIELD DRIVE 14541 HUNTINGFIELD DRIVE 40000447 ORLANDO, FL 32824 ORLANDO, FL 32824 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01042005 Chg-P CR2E034 (10/03) Applied For City & State 4. FEI Number City & State 20-0416889 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent- --LADOUCEUR, ROBERT Street Address (P.O. Box Number is Not Acceptable) 14541 HUNTINGFIELD DRIVE ORLANDO, FL 32824 Zip Code City 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 SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. TITLE ☐ Delete TITLE Change PISITIDIO LADOUCEUR, ROBERT NAME Ladouceur, Robert STREET ADORESS STREET ADDRESS 14541 HUNTINGFIELD DRIVE 14541 Huntingfield Dr. Orlando to CITY-ST-ZIP CITY-ST-ZIP ORLANDO, FL 32824 TITLE Delete TITLE LADOUCEUR, ROBERT NAME NAME 14541 HUNTINGFIELD DRIVE STREET ADDRESS STREET ADDRESS ORLANDO, FL 32824 CITY-ST-ZIP CITY - ST - ZIP ☐ Change ☐ Addition Delete TITLE NAME LADOUCEUR, ROBERT STREET ADDRESS 14541 HUNTINGFIELD DRIVE STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ORLANDO, FL 32824 ☐ Defete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

acts (nants V/ Jav-6-205 240-5985

FILED