2008 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P04000035808

1. Entity Name

ACE AUTO TRANSPORT, INC.



FILED May 01, 2008 08:00 Al Secretary of State

Principal Place of Business

Mailing Address

935 BAYLOR DRIVE

DELTONA, FL 32725 US

935 BAYLOR DRIVE

DELTONA, FL 32725 US

No Chg-P

CR2E034 (11/05)

4. FEI Number 20-0778720

03122008

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KAMINSKY, STEPHEN H DO NOT WRITE 935 BAYLOR DRIVE DELTONA, FL 32725 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 familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE NAME KAMINSKY, STEPHEN H 935 BAYLOR DRIVE STREET ADDRESS CITY-ST-ZIP DELTONA, FL 32725 TITLE NAME KAMINSKY, STEPHEN H 935 BAYLOR DRIVE STREET ADDRESS CITY-ST-ZIP DELTONA, FL 32725 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. Thereby 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

4. Kaminsky 4/25/08 (

Daylime Phone #