

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000042632

FILED
Apr 30, 2007
Secretary of State

Entity Name: MAIN STREET TRANSMISSIONS, INC.

Current Principal Place of Business:

605 EAST 13TH STREET
SAINT CLOUD, FL 34769 US

New Principal Place of Business:

Current Mailing Address:

605 EAST 13TH STREET
SAINT CLOUD, FL 34769 US

New Mailing Address:

FEI Number: 54-2147036

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAW OFFICE OF PATRICIA K. HERMAN, P.A.
705 WEST FIRST STREET
SANFORD, FL 32771 US

Name and Address of New Registered Agent:

HORINE, MIKE
2100 S. ORANGE AVE.
ORLANDO, FL 32806 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: MIKE HORINE

04/30/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HORINE, GEORGE M
Address: 605 EAST 13TH STREET
City-St-Zip: SAINT CLOUD, FL 34769 US

Title: VP () Delete
Name: HORINE, JAMES T
Address: 605 EAST 13TH STREET
City-St-Zip: SAINT CLOUD, FL 34769 US

Title: ST (X) Delete
Name: COLE, HOWARD D JR.
Address: 605 EAST 13TH STREET
City-St-Zip: SAINT CLOUD, FL 34769 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: HORINE, MIKE
Address: 605 EAST 13TH STREET
City-St-Zip: SAINT CLOUD, FL 34769 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: MIKE HORINE

P

04/30/2007

Electronic Signature of Signing Officer or Director

Date