2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006
Secretary of State

DOCUMENT# P04000089883

Entity Name: THE TIRE BRIGADE, INC.

Current Principal Place of Business:

1511 DAMON AVE.
KISSIMMEE, FL 34744 US

New Principal Place of Business:

Current Mailing Address:

1511 DAMON AVE.
KISSIMMEE, FL 34744 US

New Mailing Address:

FEI Number: 20-1636918 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NICOL, DAVID
1015 SOARING EAGLE LN.
KISSIMMEE, FL 34746 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: NICOL, DAVID
Address: 1015 SOARING EAGLE LN.
City-St-Zip: KISSIMMEE, FL 34746

Title: VPD (X) Delete
Name: COLVIN, IAN
Address: 2707 CHATHAM CIRCLE
City-St-Zip: KISSIMMEE, FL 34746

Title: D (X) Delete
Name: NICOL, CHRISTINA
Address: 1015 SOARING EAGLE LN.
City-St-Zip: KISSIMMEE, FL 34746

Title: D (X) Delete
Name: COLVIN, BERNICE
Address: 2707 CHATHAM CIRCLE
City-St-Zip: KISSIMMEE, FL 34746

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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 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: DAVID NICOL PD 04/28/2006

Electronic Signature of Signing Officer or Director Date