2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000095580

Entity Name: COAST 2 COAST CHOPPERS, INC.

FILED Jan 12, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1476 N.GOLDENROD ROAD SUITE 310 ORLANDO, FL 32807

New Mailing Address: Current Mailing Address:

1476 N. GOLDENROD ROAD SUITE 310 ORLANDO, FL 32807 US

FEI Number: 20-1278160 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:

NEELY, WILLIAM F PRES. 1476 N. GOLDENROD ROAD SUITE 310 ORLANDO, FL 32807 US

BROWN, TERENCE M RA 486 TEMPLE AVENUE STARKE, FL 32091

PRFS

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: TERENCE M. BROWN 01/12/2007

> Electronic Signature of Registered Agent Date

> > Title:

Name:

Address:

City-St-Zip:

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

1476 N. GOLDENROD ROAD SUITE 310

WILLIAM, NEELY F PRES

ORLANDO, FL 32807 US

(X) Change () Addition

Title: PRFS () Delete Name: WILLIAM, NEELY F PRES **507 FAIRWAY CIRCLE** Address:

City-St-Zip: SPRINGDALE, AR 72764 US

Title: () Delete Title: VΡ () Change (X) Addition Name: Name: WOMAC, JIMMY O VP 4351 PEMBRIDGE AVENUE Address: Address: ORLANDO, FL 32826 US City-St-Zip: City-St-Zip: Title: Title: () Delete SEC () Change (X) Addition

NEELY, CONNIE LYNN SEC Name: Name: 1476 N. GOLDENROD ROAD SUITE 310 Address Address: City-St-Zip: City-St-Zip: ORLANDO, FL 32807

Title: () Delete Title: TREA () Change (X) Addition NEELY, CONNIE LYNN TREA Name: Name: Address: Address: 1476 N. GOLDENROD ROAD SUITE 310

City-St-Zip: City-St-Zip: ORLANDO, FL 32807 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: WILLIAM F. NEELY **PRES** 01/12/2007