


FILED
Apr 09, 2007 8:00 am
Secretary of State

03-27-2007 90009 003 ***150.00

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P04000096413 1. Entity Name HAYNES FUEL INJECTION CORPORATION	
--	---

Principal Place of Business 3581 MERCANTILE AVE NAPLES, FL 34104	Mailing Address 3581 MERCANTILE AVE NAPLES, FL 34104
---	---

DO NOT WRITE IN THIS SPACE

66008563

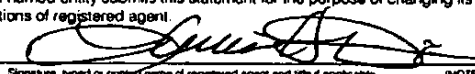


03192007 No Chg-P CR2E034 (11/05)

4. FEI Number 01-0816648	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent CLARY, MARY BETH M ESQ PORTER, WRIGHT, MORRIS & ARTHUR LLP 5801 PELICAN BAY BLVD - STE 300 NAPLES, FL 34108-2709	<p style="font-size: 24px; font-weight: bold;">DO NOT WRITE IN THIS SPACE</p>
---	--

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:  DATE: 3/28/07

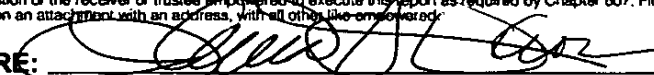
(NOTE: Registered Agent signature required when reissuing)

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
--	---	--

10. OFFICERS AND DIRECTORS	
TITLE	CEO
NAME	DIXON, LAURA
STREET ADDRESS	3581 MERCANTILE AVE
CITY-ST-ZIP	NAPLES, FL 34104
TITLE	P
NAME	DIXON, JAMES
STREET ADDRESS	3581 MERCANTILE AVE
CITY-ST-ZIP	NAPLES, FL 34104
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE
 IN THIS SPACE

12. I hereby 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 or otherwise.

SIGNATURE:  DATE: 4-3-07 PHONE: 239-436-1569

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR