

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

3/

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**

66008563



03192007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
01-0816648

Applied For
 Not Applicable

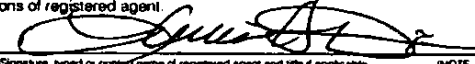
5. Certificate of Status Desired **\$8.75 Additional Fee Required**

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**

DO NOT WRITE 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:  DATE: **3/28/07**

Signature, typed or printed name of registered agent and title if applicable. (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. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

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

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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