


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90328 046 ***150.00

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| DOCUMENT # P04000105104 |  |
| 1. Entity Name AUTOISPY, INC. | |

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| Principal Place of Business 1200 E BUSCH BLVD TAMPA, FL 33612 | Mailing Address 1200 E BUSCH BLVD TAMPA, FL 33612 |
|---|---|

50037805



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| 2. Principal Place of Business 10134 Fisher Ave. Suite, Apt. #, etc. #A5 City & State Tampa FL Zip 33619 Country Hills | 3. Mailing Address P.O. Box 655 Suite, Apt. #, etc. City & State Brandon FL Zip 33509 Country Hills |
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04072005 Chg-P CR2E034 (10/03)

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| 6. Name and Address of Current Registered Agent COLANGELO, ANTHONY J SR 119 LAUREL TREE WAY BRANDON, FL 33511 | |
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| 4. FEI Number 20-142400 | Applied For <input type="checkbox"/> Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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| 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
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| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | DATE _____ |

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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 | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D COLANGELO, LINDA J <input type="checkbox"/> Delete 119 LAUREL TREE WAY BRANDON, FL 33511 | TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP Pres. Linda J. Colangelo <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 119 Laurel Tree Way Brandon FL 33511 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP Sec. Linda J. Colangelo <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 119 Laurel Tree Way Brandon FL 33511 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 another like empowered. | |
| SIGNATURE: Linda J. Colangelo | Date: 4/15/05 Daytime Phone #: 651-2750 |