


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2007 8:00 am
Secretary of State

04-06-2007 90025 036 ***150.00

DOCUMENT # P04000126405		
1. Entity Name PERFORMANCE MUFFLER & BRAKE, INC.		

Principal Place of Business 3601 63RD AVENUE PINELLAS PARK, FL 33781	Mailing Address 3601 63RD AVENUE PINELLAS PARK, FL 33781
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40051457



2. Principal Place of Business - No P.O. Box # 6590 HAINES ROAD	3. Mailing Address 6590 HAINES ROAD
Suite, Apt. #, etc.	Suite, Apt. #, etc.

02172007 Chg-P CR2E034 (12/06)

City & State ST. PETERSBURG, FL	City & State ST. PETERSBURG, FL
Zip 33702	Zip 33702
Country PINELLAS	Country PINELLAS

4. FEI Number 20-1571285	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent DALLAS, SAMUEL K JR 4823 71ST WAY NORTH ST. PETERSBURG, FL 33709

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 6735 - 22nd ST. NO. City ST. PETERSBURG FL Zip Code 33702

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P/D DALLAS, SAMUEL K JR. 4823 71ST WAY NORTH ST. PETERSBURG, F. 33709 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6735 - 22nd ST. NO. ST. PETERSBURG, FL 33702
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S/D MOORE, NATHAN D 4711 23RD STREET NORTH ST. PETERSBUREG, FL 33713 <input type="checkbox"/> Delete	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	<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	<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	<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	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 empowered.

SIGNATURE: SAMUEL K DALLAS JR. 03/26/07 727-522-3052
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #