· · 2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 01, 2008 08:00 All Secretary of State DOCUMENT # P04000128486 1. Entity Name KEY LARGO AUTO & TIRE, INC. Principal Place of Business Mailing Address 104505 OVERSEAS HWY. 104505 OVERSEAS HWY. KEY LARGO, FL 33037 KEY LARGO, FL 33037 01152008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 55-0885673 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE GOULD, ROBERT 104505 OVERSEAS HWY KEY LARGO, FL 33037 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. PV TITLE NAME GOULD, ROBERT F STREET ADDRESS 104505 OVERSEAS HWY. CITY-ST-ZIP KEY LARGO, FL 33037 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-7IP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-\$T-ZIP TITLE

12. I hereby certify that the information supplied with this filling 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 by 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 trusted 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:

NAME STREET ADDRESS CITY-ST-ZIP

GNATURE AND TYPES OR PUNTED NAME OF JOINING OFFICER OR DIRECTOR

30-08 305-451-227