2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P04000158815

City-St-Zip:

FILED Aug 16, 2006 Secretary of State

Entity Name: JALOPY JOE'S, INC. **Current Principal Place of Business: New Principal Place of Business:** 184 HILLSBOROUGH DRIVE SORRENTO, FL 32776 **Current Mailing Address: New Mailing Address:** 184 HILLSBOROUGH DRIVE SORRENTO, FL 32776 FEI Number: 71-3133779 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ROTOLI, JOSEPH C JR 184 HILLSBOROUGH DRIVE SORRENTO, FL 32776 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: PVD () Delete Title: (X) Change () Addition ROTOLI, JOSEPH C JR. ROTOLI, TRUDI L Name: Name:

184 HILLSBOROUGH DRIVE 184 HILLSBOROUGH DRIVE Address: Address: City-St-Zip: SORRENTO, FL 32776 US City-St-Zip: SORRENTO, FL 32776 US () Delete Title: STD Title: VD (X) Change () Addition Name: ROTOLL TRUDE Name: FICHTEL. TYRONE G 184 HILLSBOROUGH DRIVE 4108 FRANCIS ANN CT Address: Address: SORRENTO, FL 32776 US ZELLWOOD, FL 32798 US City-St-Zip: City-St-Zip: Title: Title: () Delete SD () Change (X) Addition FOSTER, PAMELA R Name: Name: 4108 FRANCIS ANN CT. Address Address: City-St-Zip: City-St-Zip: ZELLWOOD, FL 32798 US Title: () Delete Title: () Change (X) Addition ROTOLI, JOSEPH C JR Name: Name: Address: Address: 184 HILLSBOROUGH DR.

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SORRENTO, FL 32776 US

SIGNATURE: TRUDI ROTOLI PD 08/16/2006