2007 FOR PROFIT CORPORATION

FILED ANNUAL REPORT Apr 30, 2007 08:00 All Secretary of State **DOCUMENT # P04000169908** 1. Entity Name MOBILE MIKE'S EXPRESS LUBE, INC. Principal Place of Business Mailing Address 17706 ORANGE GROVE BLVD 17706 ORANGE GROVE BLVD LOXAHATCHEE, FL 33470 LOXAHATCHEE, FL 33470 No Chg-P CR2E034 (11/05) 04152007 Applied For 4. FEI Number 20-2058053 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent RUSSO, MICHAEL DO NOT WRITE 17706 ORANGE GROVE BLVD LOXAHATCHEE, FL 33470 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 Signature, typed or printed name of registered agent and little if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 U00000748328 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE RUSSO, MICHAEL NAME STREET ADDRESS 17706 ORANGE GROVE BLVD CITY-ST-ZIP LOXAHATCHEE, FL 33470 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

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 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 employed 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 a diddress; with all other like empowered.

SIGNATURE

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP

RINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #