
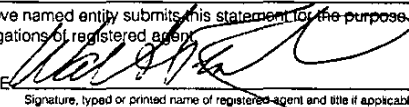
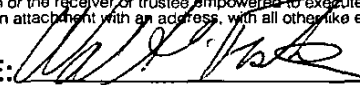


2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000000966 1. Entity Name FIRST FINANCIAL AUTO GROUP, INC.						FILED 08 SEP 25 PM 1:53 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 415 FERGUSON DRIVE ORLANDO, FL 32805 US				Mailing Address 415 FERGUSON DRIVE ORLANDO, FL 32805 US			
2. Principal Place of Business - No P.O. Box # 17626 Deer Island Cir.				3. Mailing Address 17626 Deer Island Cir.			
Suite, Apt. #, etc. 				Suite, Apt. #, etc. 			
City & State Winter Garden FL				City & State Winter Garden FL			
Zip 34787		Country USA		Zip 34787		Country USA	
4. FEI Number 20-2113486				<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent LANHAM, TONY D P 415 FERGUSON DRIVE ORLANDO, FL 32805				7. Name and Address of New Registered Agent Name Walter R. Fischer Street Address (P.O. Box Number is Not Acceptable) 17626 Deer Island Cir. City Winter Garden FL Zip Code 34787			
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.</small>				DATE 9/23/08 <small>(NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$550.00 Due by September 12, 2008				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 P NAME LANHAM, TONY D P STREET ADDRESS 415 FERGUSON DRIVE CITY-ST-ZIP ORLANDO, FL 32805	<input checked="" type="checkbox"/> Delete			TITLE Walter R. Fischer NAME 17626 Deer Island Circle STREET ADDRESS Winter Garden FL 34787 CITY-ST-ZIP 34787	<input type="checkbox"/> Change <input checked="" 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		
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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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DATE 9/23/08 (407) 709-2996 <small>Date Daytime Phone #</small>			