## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 24, 2008 08:00 AN Secretary of State

	ANNOAL	REFURI	· · ·	3	Secretary of St
1. Entity Nam	MENT # P050000068 AUTOMOTIVE STRATEGIES				Secretary or St
Principal Plac	e of Business	Mailing Address		1	
1867 SUTHE Palm Harbi	ERLAND DR OR, FL 34683	1867 SUTHERLAND DR Palm Harbor, FL 34683			
				02232008 No Chg-P	CR2E034 (11/05)
Ε	O NOT WRITE	IN THIS SPA	CE	4. FEI Number	Applied For
				26-0103604	Not Applicable
				5. Certificate of Status Desire	d S8.75 Additional Fee Required
	6. Name and Address of Current Re	gistered Agent	-		
STERNS, JEFFREY A 1867 SUTHERLAND DR				DO NOT \	WRITE
PALM HARBOR, FL 34683				IN THIS S	*
				III IIII C	FACE
8. The above	named entity submits this statement for the	ne purpose of changing its register	ed office or registe	red agent, or both, in the State o	f Florida. I am familiar with, and accept
the obligat	tions of registered agent.				
SIGNATURE.	Signature, typed or printed name of registered agent and	title if applicable (NOTE, Registere	d Agent signatura require	d when reinstating)	DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Final Trust Fund Contribution.		.00 May Be led to Fees	
10.	OFFICERS AND DI	RECTORS			
TITLE NAME	PT STERNS, JEFFREY A		:		<b>V'</b> • ·
STREET ADDRESS CITY-ST-ZIP	1867 SUTHERLAND DR			,· 	and the second s
TITLE	PALM HARBOR, FL 34683		-	000 05/14/	000919376 N8-80001-015 150.00
NAME CIRCLY ADDRESS					
STREET ADDRESS CITY-ST-ZIP	,				
TITLE NAME		, , , , ,	-		
STREET ADDRESS			•	DO NOT	MOITE
City-\$1-ZIP					
TITLE NAME				IN THIS S	PACE
STREET ADDRESS CITY-ST-ZIP					
TITLE			1		
NAME STREET ADDRESS				•	,
CITY-ST-ZIP					
TITLE			1 .		

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 employee to execute this report as required by Chapter 607, Florida Statutes; and that programs appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other life empowered.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SCHING OFFICER OR DIRECTOR

Date |

7/048.000