
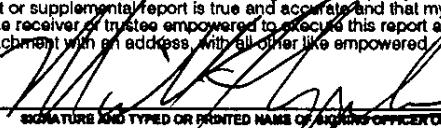


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 31, 2008 08:00 A
Secretary of State

DOCUMENT # P05000014141		
1. Entity Name CENTRAL FLORIDA WHEEL DISTRIBUTORS OF TAMPA, INC.		
Principal Place of Business 3011 W SAN MIGUEL ST TAMPA, FL 33629	Mailing Address 3011 W SAN MIGUEL ST TAMPA, FL 33629	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent FILIPPELLO, MICHAEL 3011 W SAN MIGUEL ST TAMPA, FL 33629		DO NOT WRITE 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FILIPPELLO, MICHAEL L 3011 W SAN MIGUEL ST TAMPA, FL 33629	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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: 		1/29/08 (813) 868-1100
SIGNATURE AND TYPED OR PRINTED NAME OF AGENT, OFFICER OR DIRECTOR		Date Daytime Phone #



01232008 No Chg-P CR2E034 (11/05)

4. FEI Number 03-0557494	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

U00000807008
02/06/08-80064-023 150.00

**DO NOT WRITE
IN THIS SPACE**