2007 FOR PROFIT CORPORATION

Apr 30, 2007 08:00 Al Secretary of State **ANNUAL REPORT** DOCUMENT # P05000022730 1. Entity Name RIVER CITY WHEEL & TIRE, INC. Principal Place of Business Mailing Address 5105-3 PHILIPS HWY 5105-3 PHILIPS HWY JACKSONVILLE, FL 32207 JACKSONVILLE, FL 32207 US 03062007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 11-3743008 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent EVANS, MICHAEL R DO NOT WRITE 5105-3 PHILIPS HWY JACKSONVILLE, FL 32207 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 . After May 1, 2007 Fee will be \$550.00 U00000744140 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE NAME EVANS, MICHAEL R STREET ADDRESS 1505-3 PHILIPS HWY CITY-ST-ZIP JACKSONVILLE, FL 32207 TITLE NAME EVANS, JOAN C STREET ADDRESS 1505-3 PHILIPS HWY CITY-ST-ZIP JACKSONVILLE, FL 32207 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. Thereby 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

Date

AME OF SIGNING DEFICER OR DIRECTOR

SIGNATURE:

FILED