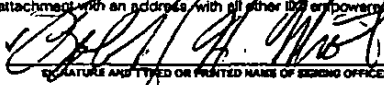


FILED
Apr 09, 2008 8:00 am
Secretary of State

04-09-2008 90039 047 ***150.00

2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P05000047299			
1. Entity Name DAMAGED VEHICLE CONSULTING AND MANAGEMENT, INC.			
Principal Place of Business 1125 HWY A1A, #809 SATELLITE BEACH, FL 32937		Mailing Address 1125 HWY A1A, #809 SATELLITE BEACH, FL 32937	
2. Principal Place of Business - No P.O. Box # 4315 Piccola Road		3. Mailing Address 4315 Piccola Road	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Fruitland Park, FL		City & State Fruitland Park, FL	
Zip 34731	Country	Zip 34731	Country
4. FEI Number 36-4571850		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WROTEN, BOBBY H 4315 PICCIOLA ROAD FRUITLAND PARK, FL 34731		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agents signature required when releasing)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS WROTEN, BOBBY H 4315 PICCIOLA ROAD FRUITLAND PARK, FL 34731 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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 full powers.			
SIGNATURE: 		3/13/08 Daytime Phone #	