## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P05000048336

Title:

Name:

Address:

City-St-Zip:

TREA

BANKS, ROLAND

6555 ABBEY ROAD

PARKLAND, FL 33067

( ) Delete

Entity Name: PLANNED AUTO STRATEGIC SOLUTIONS, INC

FILED Apr 24, 2007 Secretary of State

Littly Name: FLANNED A010 STRATEGIC SOLUTIONS, INC.							
Current Principal Place of Business:				New Principal Place of Business:			
6500 NW 15TH AVENUE 100 FT. LAUDERDALE, FL 33309							
Current Mailing Address:				New Mailing Address:			
PO BOX 5546 FT. LAUDERDALE, FL 33310							
FEI Number: 20-2594107 FEI Number Applied For ( ) FEI Nu		FEI Numb	mber Not Applicable ( )		Certificate of Status Desired ( )		
Name and Address of Current Registered Agent:			N	Name and Address of New Registered Agent:			
BANKS, ROLAND 6555 ABBEY ROAD PARKLAND, FL 33067 US			6 1	BANKS, ROLAND 6500 NW 15TH AVE 100 FT. LAUDERDALE, FL 33309 US			
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.							
SIGNATURE: ROLAND BANKS				04/24/2007			
Electronic Signature of Registered Agent				Date			
Election Campaign Financing Trust Fund Contribution ( ).							
OFFICERS AND DIRECTORS:			A	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	TUMAN, JONAS	Delete RA LAKE CIRCLE I, FL 33446	N A	itle: lame: .ddress: city-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	VP () I BANKS, ROLANI 6555 ABBEY RO PARKLAND, FL	AD	N A	itle: lame: .ddress: city-St-Zip:	BANKS, ROI 6500 NW 15	(X) Change ()Addition LAND 5 TH AVE STE 100 RDALE, FL 33309	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

TREA

BANKS, ROLAND

6500 NW 15TH AVE

FT. LAUDERDALE, FL 33309

(X) Change ( ) Addition

SIGNATURE: ROLAND BANKS VP 04/24/2007