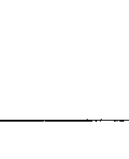

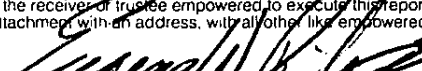


**FILED**  
**Mar 24, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P05000075399</b>		<b>Secretary of State</b>	
1. Entity Name <b>SPECIALTY AUTO PARTS, INC.</b>			
Principal Place of Business 194 SAN MARCO AVE ST AUGUSTINE, FL 32084	Mailing Address 194 SAN MARCO AVE ST AUGUSTINE, FL 32084		
DO NOT WRITE IN THIS SPACE		 03072008    No Chg-P    CR2E034 (11/05)	
		4. FEI Number 20-2927463	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  HALL, CHARLES E JE 77 ALMERIA STREET ST AUGUSTINE, FL 32084		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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		00000000000000000000000000000000 04/09/08-800009-001 150.00	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPST RILEY, EUGENE W II 194 SAN MARCO AVE ST AUGUSTINE, FL 32084		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
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		DO NOT WRITE IN THIS SPACE	
SIGNATURE: 		3/20/08    904-829-2266 <small>Date Daytime Phone</small>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			