


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2007 8:00 am
Secretary of State

01-18-2007 90096 018 ***150.00

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| DOCUMENT # P05000097873 |  |
| 1. Entity Name TIRE CONNECTION HOLDINGS, INC. | |

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| Principal Place of Business 2016 WALNUT STREET JACKSONVILLE, FL 32206 | Mailing Address 2016 WALNUT STREET JACKSONVILLE, FL 32206 |
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| 2. Principal Place of Business - No P.O. Box # 10995 N. Main St. | 3. Mailing Address P.O. Box 28360 |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

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|---------------------------------|---------------------------------|
| City & State Jax. Fl. | City & State Jax. Fl. |
| Zip 32218 | Zip 32226 |
| Country Duval | Country Duval |

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|---|--|
| 6. Name and Address of Current Registered Agent ROMANELLO, DUANE C 1919 BLANDING BLVD. JACKSONVILLE, FL 32210 | |
| 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 Agent signature required when reinstating) DATE _____

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PRES IRBY, GARY R 2016 WALNUT STREET JACKSONVILLE, FL 32210 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Mailing Address P.O. Box 28360 Jax. Fl. 32226 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP ROBERTS, CLARENCE 2016 WALNUT STREET JACKSONVILLE, FL 32210 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Mailing Address P.O. Box 28360 Jax. Fl. 32226 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP ROBERTS, MARK 2016 WALNUT STREET JACKSONVILLE, FL 32210 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Mailing Address P.O. Box 28360 Jax. Fl. 32226 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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 like empowered.

SIGNATURE: *Mark C Roberts* **1/11/07** **904 751 8877**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #