

## **2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P05000103557

**FILED**  
**Nov 27, 2006**  
**Secretary of State**

**Entity Name:** CUTTING EDGE AUTOMOTIVE OF NW FL, INC.

**Current Principal Place of Business:**

227 GREENACRES ROAD  
FORT WALTON BEACH, FL 32547

**New Principal Place of Business:**

108 PATRICK DRIVE  
FORT WALTON BEACH, FL 32547

**Current Mailing Address:**

P.O. BOX 2604  
FORT WALTON BEACH, FL 32549

**New Mailing Address:**

**FEI Number:** 16-1729711      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

VANCIL, JAMES K  
1881 ABERCROMBIE ROAD  
GULF BREEZE, FL 32563      US

**Name and Address of New Registered Agent:**

DUKE, EVELYN L  
330 WHEELER ST  
FORT WALTON BEACH, FL 32548      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: EVELYN L DUKE

11/27/2006

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DP      ( ) Delete  
Name: BOSWELL, JAMES C  
Address: 671 BLACKSTONE RD  
City-St-Zip: MARY ESTHER, FL 32569

Title: DST      ( ) Delete  
Name: MOORER, CAROLINE S  
Address: 4409 SOUTHMINSTER CIRCLE  
City-St-Zip: NICEVILLE, FL 32578

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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.

SIGNATURE: JAMES C BOSWELL

DP

11/27/2006

Electronic Signature of Signing Officer or Director

Date