

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000119419

FILED  
Apr 26, 2007  
Secretary of State

Entity Name: AUTOBARN MOBILE SERVICES INC

## Current Principal Place of Business:

15286 75TH LANE NORTH  
LOXAHATCHEE, FL 33470 PB

## New Principal Place of Business:

## Current Mailing Address:

15286 75TH LANE NORTH  
LOXAHATCHEE, FL 33470 PB

## New Mailing Address:

FEI Number: 20-3370996

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SHIELDS, PETER  
15286 75TH LANE NORTH  
LOXAHATCHEE, FL 33470 US

## Name and Address of New Registered Agent:

SHIELDS, EVELYN RA  
15286 75TH LANE NORTH  
LOXAHATCHEE, FL 33470 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 SHIELDS

04/26/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: SHIELDS, PETER  
Address: 15286 75TH LANE NORTH  
City-St-Zip: LOXAHATCHEE, FL 33470 PB

Title: T ( ) Delete  
Name: SHIELDS, EVELYN  
Address: 15286 75 LN N  
City-St-Zip: LOXAHATCHEE, FL 33470

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MR (X) Change ( ) Addition  
Name: SHIELDS, PETER  
Address: 15286 75TH LANE NORTH  
City-St-Zip: LOXAHATCHEE, FL 33470 PB

Title: RA (X) Change ( ) Addition  
Name: SHIELDS, EVELYN  
Address: 15286 75 LN N  
City-St-Zip: LOXAHATCHEE, FL 33470

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: EVELYN SHIELDS

RA

04/26/2007

Electronic Signature of Signing Officer or Director

Date