


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2007 8:00 am
Secretary of State

02-23-2007 90025 034 ***150.00

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| DOCUMENT # P05000160054 | |  |
| 1. Entity Name RUN FAST TRANSMISSIONS, CORP. | | |

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| Principal Place of Business 918 ROBERTS RD UNIT 5-7 BLDG 1 DAVENPORT, FL 33837-9607 | Mailing Address 406 WINDSOR ESTATES DR DAVENPORT, FL 33837 |
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| 2. Principal Place of Business - No P.O. Box # 918 Roberts Rd | 3. Mailing Address 406 Windsor Estates Dr |
| Suite, Apt. #, etc. Unit 5-6 Bldg #1 | Suite, Apt. #, etc. |

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| City & State Lake Hamilton, FL | City & State Davenport, FL |
| Zip 33851 | Zip 33837 |
| Country USA | Country USA |

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|--|--|---|--|
| 6. Name and Address of Current Registered Agent FRIA, ERNESTO 406 WINDSOR ESTATES DR. DAVENPORT, FL 33837-9607 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
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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 **Diana S. Fria** **Vice-President** **2-20-07**
Signature, typed or printed name of registered agent and title if applicable. (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 | PD FRIA, ERNESTO 406 WINDSOR ESTATES DR. DAVENPORT, FL 338379607 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VD FRIA, DIANA S 406 WINDSOR ESTATES DR. DAVENPORT, FL 338379607 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input 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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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: **Diana S. Fria** **DIANA S. FRIA** **2-20-07** **863-514 3091**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #