


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 25, 2007 8:00 am
Secretary of State

04-25-2007 90182 006 ***150.00

DOCUMENT # P05000160137	
1. Entity Name AUTO DEALERS WHOLESALE SERVICES, INC.	

Principal Place of Business 524 S ATLANTIC AVE - # 5 COCOA BEACH FL 32931	Mailing Address 524 S ATLANTIC AVE - # 5 COCOA BEACH FL 32931
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2. Principal Place of Business - No P.O. Box # 566, S. ATLANTIC AVE Suite, Apt. #, etc. #C	3. Mailing Address 566, S. ATLANTIC AVE Suite, Apt. #, etc. #C
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1st MOORE CR2E034 (10/06)

City & State Cocoa Beach FL	City & State Cocoa Bch FL
Zip 32931	Country USA

4. FEI Number 84-1698550	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent CHASTEEN, JON W 524 S ATLANTIC AVE - # 5 COCOA BEACH FL 32931	7. Name and Address of New Registered Agent Name CHASTEEN, JON, W Street Address (P.O. Box Number is Not Acceptable) 524, S. ATLANTIC AVE #C City Cocoa Beach FL Zip Code 32931
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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 _____ (NOTE: Registered Agent signature required when re-registering) **DATE** _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00 May Be**
Trust Fund Contribution. ☐ **Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PST <input type="checkbox"/> Delete	NAME CHASTEEN, JON W	TITLE PST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME CHASTEEN, JON, W
STREET ADDRESS 524 S ATLANTIC AVE - # 5	CITY - ST - ZIP COCOA BEACH FL 32931	STREET ADDRESS 566, S. ATLANTIC AVE #C	CITY - ST - ZIP COCOA Bch FL 32931
TITLE VP <input type="checkbox"/> Delete	NAME CHASTEEN, JON W	TITLE VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME CHASTEEN JON, W
STREET ADDRESS 524 S ATLANTIC AVE - # 5	CITY - ST - ZIP COCOA BEACH FL 32931	STREET ADDRESS 566, S. ATLANTIC AVE #C	CITY - ST - ZIP COCOA BEACH FL 32931
TITLE <input type="checkbox"/> Delete	NAME	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS	CITY - ST - ZIP	STREET ADDRESS	CITY - ST - ZIP
TITLE <input type="checkbox"/> Delete	NAME	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS	CITY - ST - ZIP	STREET ADDRESS	CITY - ST - ZIP
TITLE <input type="checkbox"/> Delete	NAME	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS	CITY - ST - ZIP	STREET ADDRESS	CITY - ST - ZIP
TITLE <input type="checkbox"/> Delete	NAME	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS	CITY - ST - ZIP	STREET ADDRESS	CITY - ST - ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  **4/15/07** **321-863-3753**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Date** **Daytime Phone #**