2007 FOR PROFIT CORPORATION

Mar 16, 2007 8:00 am **ANNUAL REPORT** Secretary of State DOCUMENT # P05000160396 03-16-2007 90023 028 ***150.00 EXECUTIVE LIMOUSINE & CHAUFFEUR SERVICE INC. Mailing Address Principal Place of Business 3160 46TH AVE. NO 3160 46TH AVE. NO ST. PETERSBURG, FL 33714 ST. PETERSBURG, FL 33714 01112007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-3940874 Not Applicable \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent EPPS, AUDREY J DO NOT WRITE 2927 W. ROGERS AVE TAMPA, FL 33611 IN THIS SPACE 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE KURMAY, TERRY NAME STREET ADDRESS 3160 46TH AVE. NO CITY-ST-ZIP **TAMPA, FL 33714** NAME STREET ADDRESS CITY-ST-ZIP TITI F NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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:

TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED