

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000012260

FILED
Apr 30, 2007
Secretary of State

Entity Name: ANOTHER OPTION SCRATCH & DENT REPAIR, INC.

Current Principal Place of Business:

1078 SHADICK DR SUITE I
ORANGE CITY, FL 32763

New Principal Place of Business:

5760 ARAGON AVENUE
DELEON SPRINGS, FL 32130

Current Mailing Address:

1078 SHADICK DR SUITE I
ORANGE CITY, FL 32763

New Mailing Address:

5760 ARAGON AVENUE
DELEON SPRINGS, FL 32130

FEI Number: 20-422242

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRADY, DARRIN F
1078 SHADICK DR SUITE I
ORANGE CITY, FL 32763 US

Name and Address of New Registered Agent:

BRADY, DARRIN F
5760 ARAGON AVENUE
DELEON SPRINGS, FL 32130 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: DARRIN F. BRADY

04/30/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BRADY, DARRIN F
Address: 1078 SHADICK DR SUITE I
City-St-Zip: ORANGE CITY, FL 32763

Title: VT () Delete
Name: BRADY, ANDREA
Address: 1078 SHADICK DR SUITE I
City-St-Zip: ORANGE CITY, FL 32763

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: BRADY, DARRIN F
Address: 5760 ARAGON AVENUE
City-St-Zip: DELEON SPRINGS, FL 32130

Title: VT (X) Change () Addition
Name: BRADY, ANDREA
Address: 5760 ARAGON AVENUE
City-St-Zip: DELEON SPRINGS, FL 32130

I hereby certify that the information supplied with this filing does not qualify 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: ANDREA BRADY

VT

04/30/2007

Electronic Signature of Signing Officer or Director

Date