2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000017211

Entity Name: ALWAYS TOWING OF ORLANDO, INC

FILED Apr 10, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

416 BUCHAN ROAD 32200 PONDEROSA AVE ORLANDO, FL 32712 DELAND, FL 32720

Current Mailing Address: New Mailing Address:

416 BUCHAN ROAD 3200 PONDEROSA AVE ORLANDO, FL 32712 DELAND, FL 32720

FEI Number: 56-2558125 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BLOOM, PAUL BLOOM, PAUL 416 BUCHAN ROAD 32200 PONDEROSA AVE ORLANDO, FL 32712 DELAND, FL 32720 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: PAUL BLOOM 04/10/2007

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

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OFFICERS AND DIRECTORS: PRFS

VΡ

SEC

TREA

BLOOM, PAUL S

416 BUCHAN ROAD

APOPKA, FL 32712

BLOOM, SHIRLEY A

416 BUCHAN ROAD

APOPKA, FL 32712

BLOOM, SHIRLEY A

416 BUCHAN ROAD

APOPKA, FL 32712

BLOOM, SHIRLEY A

416 BUCHAN ROAD

APOPKA, FL 32712

Title:

Title:

Title:

Title:

Name:

Address:

City-St-Zip:

Name:

Address:

City-St-Zip:

Name:

Address:

City-St-Zip:

Name:

Address:

City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition Title: PRFS Name: BLOOM, PAUL S

32200 PONDEROSA AVE Address: City-St-Zip: DELAND, FL 32720

Title: VΡ (X) Change () Addition

Name: BLOOM, SHIRLEY A 32200 PONDEROSA AVE Address: DELAND, FL 32720 City-St-Zip:

Title: (X) Change () Addition SEC

BLOOM, SHIRLEY A Name: 32200 PONDEROSA AVE Address: City-St-Zip: DELAND, FL 32720

Title: TREA (X) Change () Addition

BLOOM, SHIRLEY A Name: Address: 32200 PONDEROSA AVE City-St-Zip: DELAND, FL 32720

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: PAUL BLOOM **PRES** 04/10/2007