2008 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Apr 30, 2008 08:00 AM Secretary of State **DOCUMENT # P06000032649** 1. Entity Name SAM'S AUTOMOTIVE REPAIR, INC. Principal Place of Business Mailing Address 609 RUSS ROAD 995 A EDWARDS ROAD FORT PIERCE, FL 34982 FORT PIERCE, FL 34982 04272008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-4533953 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent PEDERSON, SAMUEL J DO NOT WRITE 609 RUSS ROAD FORT PIERCE, FL 34982 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 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE PEDERSON, SAMUEL J NAME U00000935075 05/23/08-80058-003 150.00 609 RUSS ROAD STREET ADDRESS FORT PIERCE, FL 34982 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE STREET ADDRESS CITY-ST-ZIP MILE STREET ADDRESS CHTY-ST-ZIP STREET ADDRESS 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 of 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 attachme

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