2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2009
Secretary of State

DOCUMENT# P06000049437

Entity Name: KNUCKLEHEADS MOTORCYCLE REPAIR, INC.

Current Principal Place of Business:

1133 N U.S. 1
ORMOND BEACH, FL 32174

New Principal Place of Business:

Current Mailing Address:

1133 N U.S. 1
ORMOND BEACH, FL 32174

New Mailing Address:

FEI Number: 20-4676767 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TROY, ROBERTSON
130 MAGNBOLIA AENUE
EDGEWATER, FL 32132 US

Name and Address of New Registered Agent:

TROY, ROBERTSON
130 MAGNOLIA AVENUE
EDGEWATER, FL 32132 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: _____ 05/04/2009
Electronic Signature of Registered Agent — Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PSTD ( ) Delete
Name: ROBERTSON, TROY L
Address: 1133 N U.S. 1
City-St-Zip: ORMOND BEACH, FL 32174

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: TROY ROBERTSON PSTD 05/04/2009
Electronic Signature of Signing Officer or Director — Date