

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000049525

FILED
Apr 08, 2007
Secretary of State

Entity Name: PELELLA'S CRASH ANALYSIS & RECONSTRUCTION SERVICES, INC.

Current Principal Place of Business:

PO BOX 2526
TARPON SPINGS, FL 346882526

New Principal Place of Business:

3050 SAVANNAH OAKS CIRCLE
TARPON SPINGS, FL 34688 US

Current Mailing Address:

PO BOX 2526
TARPON SPINGS, FL 346882526

New Mailing Address:

PO BOX 2526
TARPON SPINGS, FL 346882526 US

FEI Number: 20-4725044

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

PELELLA, TIMOTHY W
3050 SAVANNAH OAKS CIRCLE
TARPON SPINGS, FL 34688 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: PELELLA, TIMOTHY W
Address: PO BOX 2526
City-St-Zip: TARPON SPINGS, FL 346882526

Title: DV () Delete
Name: PELELLA, KRISTINE
Address: PO BOX 2526
City-St-Zip: TARPON SPINGS, FL 346882526

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: PELELLA, TIMOTHY W
Address: PO BOX 2526
City-St-Zip: TARPON SPINGS, FL 346882526 US

Title: DV (X) Change () Addition
Name: PELELLA, KRISTINE A
Address: PO BOX 2526
City-St-Zip: TARPON SPINGS, FL 346882526 US

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: TIMOTHY W. PELELLA

DP

04/08/2007

Electronic Signature of Signing Officer or Director

Date