2008 FOR PROFIT CORPORATION

May 01, 2008 08:00 AN Secretary of State ANNUAL REPORT DOCUMENT # P06000057985 JOHN COULTER MECHANIC, INC. Principal Place of Business Mailing Address 226 EAST WARREN AVENUE 226 EAST WARREN AVENUE LONGWOOD, FL 32750 US LONGWOOD, FL 32750 04272008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 14-1959736 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DEVORE, ROSA L DO NOT WRITE 2428 SOUTH MAPLE AVENUE SANFORD, FL 32771 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) DATE U00000938577 05/27/08-80093-018 150.00 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE COULTER, JOHN E NAME STREET ADORESS 226 EAST WARREN AVENUE LONGWOOD, FL 32750 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP

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 or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that ply name appears in Block 10 or Block 11 if changed, or on an attachment with an ike emzowered.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

IE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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