

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P06000074272

1. Entity Name
OUR AUTO CENTER, INC.



**FILED
May 07, 2007 8:00 am
Secretary of State**

05-07-2007 90062 001 ***150.00

Principal Place of Business
541 NE 43RD STREET
SUITE 3
BOCA RATON, FL 33431 US

Mailing Address
541 NE 43RD STREET
SUITE 3
BOCA RATON, FL 33431 US

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

05032007 Chg-P CR2E034 (12/06)

4. FEI Number
20-5180381

Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WENTWORTH, HEATHER A
541 NE 43RD STREET
SUITE 3
BOCA RATON, FL 33431

7. Name and Address of New Registered Agent

Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	Zip Code

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

5/1/07

**FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. \$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE DIR
NAME WENTWORTH, HEATHER A
STREET ADDRESS 541 NE 43RD STREET
CITY-ST-ZIP BOCA RATON, FL 33431

Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE P
NAME WENTWORTH, HEATHER A
STREET ADDRESS 541 NE 43RD STREET
CITY-ST-ZIP BOCA RATON, FL 33431

Delete

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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 my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/07 561-305-0832

Date

Daytime Phone #