

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000076583

Entity Name: AUTOPHLEXX, INC

FILED
Apr 08, 2007
Secretary of State

Current Principal Place of Business:

3710 WHITEHALL DR.
301
WEST PALM BEACH, FL 33401

Current Mailing Address:

3710 WHITEHALL DR.
301
WEST PALM BEACH, FL 33401

New Principal Place of Business:

2360 NORTH MILITARY TRAIL
112
WEST PALM BEACH, FL 33409

New Mailing Address:

P.O. BOX 222426
WEST PALM BEACH, FL 33422

FEI Number: 20-5206543

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

STCLAIRE, MICHAEL
4159 NORTH HAVERHILL RD
1317
WEST PALM BEACH, FL 33417 US

Name and Address of New Registered Agent:

STCLAIRE, MICHAEL
4163 NORTH HAVERHILL RD
1202
WEST PALM BEACH, FL 33417 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: MICHAEL STCLAIRE

04/08/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: STCLAIRE, MICHAEL
Address: 4159 NORTH HAVERHILL RD, APT 1317
City-St-Zip: WEST PALM BEACH, FL 33417

Title: VP () Delete
Name: LORD, LANSCOT
Address: 3710 WHITEHALL DR. APT 301
City-St-Zip: WEST PALM BEACH, FL 33401

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: COO (X) Change () Addition
Name: STCLAIRE, MICHAEL PRES
Address: 4163 NORTH HAVERHILL RD, APT 1202
City-St-Zip: WEST PALM BEACH, FL 33417

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

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: MICHAEL STCLAIRE

PRES

04/08/2007

Electronic Signature of Signing Officer or Director

Date