
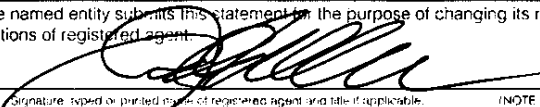
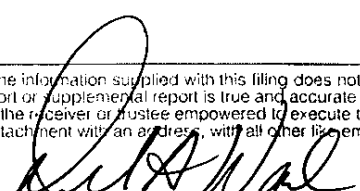


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90182 049 ***150.00

DOCUMENT # P06000077452 1. Entity Name AMERICAN AUTO RESTORATION, INC.					
Principal Place of Business 8922 NORTH FORK DRIVE NORTH FORT MYERS, FL 33917 202 Willow Ave N. #12 Lehigh Acres, FL 33971			Mailing Address 8922 NORTH FORK DRIVE NORTH FORT MYERS FL 33917		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <div style="text-align: center; font-size: 1.5em;">40</div>			
Suite, Apt. #, etc.		Suite, Apt. JOHN M. WICKER, P.A. P.O. DRAWER 60205 FORT MYERS, FL 33906			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 20-4991233	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ROYSTON, JR., ROBERT D ESQ 12670 NEW BRITTANY BLVD. SUITE 101 FORT MYERS, FL 33907			7. Name and Address of New Registered Agent Name JOHN M. WICKER, P.A. Street 12670 NEW BRITTANY BLVD., STE 101 City FORT MYERS, FL 33907		
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  <div style="float: right; text-align: right;">DATE</div>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT WARD, DEBORAH A 12572 STONE VALLEY LOOP FORT MEYERS, FL 33913		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPS WARD, JR., RALPH C 12572 STONE VALLEY LOOP FORT MEYERS, FL 33913		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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:  <div style="float: right; text-align: right;">4/7/08</div>					