2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000119363

FILED Apr 25, 2007 Secretary of State

| Entity Nan | ne: FLORIDA | EXOTIC CAR RENTAL, INC | | | | | |
|--|--|-----------------------------------|----------|--|--|--------------------------------|-----------------|
| Current Principal Place of Business: | | | | New Principal Place of Business: | | | |
| | JTH ORANGE , FL 32837 | BLOSSOM TRAIL US | | 5555 HAZE ORLANDO | LTINE NATIO , FL 32812 | ONAL DR. US | |
| Current Mailing Address: | | | | New Mailing Address: | | | |
| 12945 SOUTH ORANGE BLOSSOM TRAIL ORLANDO, FL 32837 US | | | | 12945 S. ORANGE BLOSSOM TRAIL ORLANDO, FL 32837 US | | | |
| FEI Number: | 20-5557081 | FEI Number Applied For () | FEI Nun | nber Not Appli | cable () | Certificate of Status | s Desired (X) |
| Name and Address of Current Registered Agent: | | | | Name and Address of New Registered Agent: | | | |
| SOLAY, MAHENDRA L 12945 SOUTH ORANGE BLOSSOM TRAIL ORLANDO, FL 32837 US | | | | SOLAY, MAHENDRA L 5555 HAZELTINE NATIONAL DR. ORLANDO, FL 32812 US | | | |
| The above in the State | | submits this statement for the pu | irpose o | f changing it | s registered | office or registered | agent, or both, |
| SIGNATURE: | | | | 04/25/2007 | | | |
| Electronic Signature of Registered Agent Election Campaign Financing Trust Fund Contribution (). | | | | | | Date | |
| OFFICERS AND DIRECTORS: | | | | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | | | |
| Title: Name: Address: City-St-Zip: | SOLAY, MAHEN 12945 SOUTH ORLANDO, FL | ORANGE BLOSSOM TRAIL 32837 US | | Title: Name: Address: City-St-Zip: | SOLAY, MAHE 5555 HAZELTI ORLANDO, FL | INE NATIONAL DR. . 32812 US | |
| Title: Name: Address: City-St-Zip: | () | Delete | | Title: Name: Address: City-St-Zip: | SOLAY, ROSH | INE NATIONAL DR. | |
| Title: Name: Address: City-St-Zip: | () | Delete | | Title: Name: Address: City-St-Zip: | POPAT, AMAL | INE NATIONAL DR. | |

I hereby certify that the information supplied with this filing does not qualify 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: MAHENDRA L. SOLAY P 04/25/2007