

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000123074

FILED
May 01, 2007
Secretary of State

Entity Name: GOOD FELLAS AUTO INC.

Current Principal Place of Business:

1817SW STARMAN AVE
PORT SAINT LUCIE, FL 34953 US

New Principal Place of Business:

2217SW NEWPORT ISLES BLVD
PORT SAINT LUCIE, FL 34953 US

Current Mailing Address:

1817SW STARMAN AVE
PORT SAINT LUCIE, FL 34953 US

New Mailing Address:

2217SW NEWPORT ISLES BLVD
PORT SAINT LUCIE, FL 34953 US

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FONTAINE, MARIE
1817SW STARMAN AVE
PORT SAINT LUCIE, FL 34953 US

Name and Address of New Registered Agent:

FONTAINE, MARIE
2217SW NEWPORT ISLES BLVD
PORT SAINT LUCIE, FL 34953 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: MARIE FONTAINE

05/01/2007

Electronic Signature of Registered Agent

Date

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: FONTAINE, MARIE
Address: 1817SW STARMAN AVE
City-St-Zip: PORT SAINT LUCIE, FL 34953 US

Title: VP/D () Delete
Name: FONTAINE, SARA
Address: 36 SALINA AVE
City-St-Zip: JOHNSTON, RI 02919 US

Title: T/D () Delete
Name: FONTAINE, DAVID
Address: 1817SW STARMAN AVE
City-St-Zip: PORT SAINT LUCIE, FL 34953 US

Title: S/D () Delete
Name: FONTAINE, SARA ROSE
Address: 1817SW STARMAN AVE
City-St-Zip: PORT ST LUCIE, FL 34953 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: FONTAINE, MARIE
Address: 2217SW NEWPORT ISLES BLVD
City-St-Zip: PORT SAINT LUCIE, FL 34953 US

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

Title: T/D (X) Change () Addition
Name: FONTAINE, DAVID
Address: 2217SW NEWPORT ISLES BLVD
City-St-Zip: PORT SAINT LUCIE, FL 34953 US

Title: S/D (X) Change () Addition
Name: FONTAINE, SARA ROSE
Address: 2217SW NEWPORT ISLES BLVD
City-St-Zip: PORT ST LUCIE, FL 34953 US

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: MARIE FONTAINE

PRES

05/01/2007

Electronic Signature of Signing Officer or Director

Date