2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000134775

City-St-Zip:

Entity Name: FLORIDA'S EAST COAST AUTO AUCTION, INC

FILED Apr 20, 2007 Secretary of State

Entity Nan	ne: FLORIDA	S EAST COAST AUTO AUCT	HON, INC				
Current Principal Place of Business:				New Principal Place of Business:			
5307 INDIGO CROSSING DRIVE VIERA, FL 32940				5307 INDIGO CROSSING DRIVE VIERA, FL 32955			
Current Mailing Address:				New Mailing Address:			
5307 INDIGO CROSSING DRIVE VIERA, FL 32940				5307 INDIGO CROSSING DRIVE VIERA, FL 32955			
FEI Number:	20-5703277	FEI Number Applied For ()	FEI Nun	nber Not Appl	icable ()	Certificate of Status Desired (X)	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
RAMBUS, JULI 5307 INDIGO CROSSING DRIVE VIERA, FL 32940 US				RAMBUS, JULIE 5307 INDIGO CROSSING DRIVE VIERA, FL 32955 US			
The above in the State	named entity s of Florida.	submits this statement for the p	ourpose o	f changing i	ts registered	office or registered agent, or be	oth,
SIGNATURE: JUILE RAMBUS				04/20/2007			
Electronic Signature of Registered Agent				Date			
Election Can	npaign Financing	Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	RAMBUS, JULIE	ROSSING DRIVE		Title: Name: Address: City-St-Zip:	RAMBUS, JU	CROSSING DRIVE	
Title: Name: Address: City-St-Zip:	()	Delete		Title: Name: Address: City-St-Zip:	PRES LIPPERT, KE 3660 GATLIN VIERA, FL 3	I DRIVE	
Title: Name: Address:	()	Delete		Title: Name: Address:	CARRIGAN, I	() Change (X) Addition KENNETH J JR) CROSSING DRIVE	

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.

City-St-Zip: VIERA, FL 32955

SIGNATURE: JULIE RAMBUS VP 04/20/2007