2007 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE

Secretary of State DOCUMENT # P06000148602 02-20-2007 90035 029 ***150.00 1. Entity Name CARLILE MOTORS, INC. Principal Place of Business Mailing Address 40020696 3763 OLEANDER AVENUE 3763 OLEANDER AVENUE FT PIERCE, FL 34982 FT PIERCE, FL 34982 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02062007 CR2E034 (12/06) City & State Applied For City & State 4. FEI Number Not Applicable Zip Country \$8.75 Additional Country Zip 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent THE LAW OFFICES OF NICK SPRADLIN, PLLC Street Address (P.O. Box Number is Not Acceptable) 4001 WEST HENRY AVENUE, SUITE 306 **TAMPA, FL 33614** Zip Code City 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 e of registered agent and title if applicable 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 \$5.00 May Be \Box Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. Addition DIR ☐ Delete ☐ Change TITLE TITLE CARLILE, DANA NAME NAME STREET ADDRESS 457 NE BLUEFISH POINT STREET ADDRESS CITY-ST-ZIP PORT ST. LUCY, FL 34983 CITY-ST-ZIP **PRES** TITLE THIF ☐ Delete Change ☐ Addition CARLILE, DANA NAME NAME 457 NE BLUEFISH POINT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PORT ST. LUCY, FL 34983 CITY-ST-ZIP Delete TITLE TITLE ☐ Change ☐ Addition CARLILE, SANDRA NAME STREET ADDRESS **457 BLUEFISH POINT** STREET ADDRESS PORT ST. LUCY, FL 34983 CITY - ST - ZIP C/TY-ST-7/P TITLE SEC. ☐ Delete Change ☐ Addition NAME CARLILE, DANA NAME 457 BLUEFISH POINT STREET AODRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PORT ST. LUCY, FL 34983 TITLE ☐ Delete TITLE Change Addition NAME CARLILE, DANA NAME 457 BLUEFISH POINT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PORT ST. LUCY, FL 34983 Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 effects as the composition 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

FILED Feb 20, 2007 8:00 am