2008 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT # P06000150311 07-30-2008 90029 020 ***150.00 1. Entity Name BEST AUTOLITE, INC. Principal Place of Business Mailing Address 11934 FAIRWAY LAKES DR, SUITE 1 11934 FAIRWAY LAKES DR. SUITE 1 FT MYERS, FL 33913 FT MYERS, FL 33913 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 07282008 CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 20-8063221 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required. 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PAMPLONA VENTURES PAMPLONA VENTURES, INC. Street Address (P.O. Box Number is Not Acceptable) 13446 LITTLE GEM CIR FT MYERS, FL 33913 AIRWAU LAIKES DR. 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 egistered ag SIGNATURE ited name of registered agent and title if a (NOTE: Registered Agent signature required when reinstating) \$5.00 May Be FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. Due by September 12, 2008 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE TITLE Change ☐ Addition ☐ Delete TROY RITSEMA RITSEMA, TROY NAME NAME 11934 FAIRWAY LAKES DRIVE, SUITE! Ft. MYERS, FC 33913 STREET ADDRESS STREET ADDRESS 13446 LITTLE GEM CIR CITY-ST-ZIP FT MYERS, FL 33913 CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition BARBEE RITSEMA RITSEMA, BARBEE NAME NAME 11934 FAIRWAY LAKES DR#/ STREET ADDRESS 13446 LITTLE GEM CIR STREET ADDRESS CITY-ST-ZIP FT MYERS, FL 33913 FL 33913 CITY-ST-ZIP MUERS. TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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.

TROU RITSEMA

YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

PRESIDENT

FILED

Jul 30, 2008 8:00 am