2008 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED Apr 28, 2008 8:00 am Secretary of State

DOCUMENT # P07000107866 04-02-2008 90032 050 ***150.00 BAY TO BAY AUTOMOTIVE, INC. Mailing Address Principal Place of Business 3320 BAY TO BAY BLVD. 3320 BAY TO BAY BLVD. UUUUUUAU TAMPA, FL 33629 TAMPA, FL 33629 3. Mailing Address 2, Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. Suite, Apt. #, etc. 01132008 CR2E034 (12/06) Chg-P Applied For City & State City & State 4. FEI Numbe 15-3254843 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HEALY, TIMOTHY Street Address (P.O. Box Number is Not Acceptable) 3320 BAY TO BAY BLVD. **TAMPA: FL 33629** Zip Code City 8. The above named ontity 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 Spherie, typed or centred neme til registered agent and title if approaches (NOTE: Registered Agent signature required when remaking) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10, OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 MILE Odde THILE ☐ Change Addition HUME HEALY, TIMOTHY NAME STREET ADDRESS 3320 BAY TO BAY BLVD. STREET ADDRESS TAMPA, FL 33629 CITY.ST. 7P CITY ST. NP aria Delete TITLE TITLE Addition HEALY, NUALA C NAME NAME 3320 BAY TO BAY BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33629 CITY, ST. 7P TITLE Detete TITLE Change ☐ Addition NAME HAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delate ME TITLE Change Addition HAME **FEE ME** STREET ADDRESS STREET ADDRESS .CITY-ST-ZP DTY-51-22 TITLE C Delete TITLE Change Addition NAME PARA STREET ADDRESS STREET ADDRESS CITY-ST-ZP CITY - ST - ZIP TITLE Odst TITLE Ctrange Addition NAME - NAME STREET ADDRESS STREET ADORESS CULY-ST-ZP CITY-SI-ZP

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 opened 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.

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