## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P08000029573

FILED Jun 29, 2009 Secretary of State

Entity Name: TIRE DEPOT & AUTO CARE, INC.	
Current Principal Place of Business:	New Principal Place of Business:
9864 NW 2ND COURT PLANTATION, FL 33324	4917 N UNIVERSITY DRIVE LAUDERHILL,, FL 33351
Current Mailing Address:	New Mailing Address:
9864 NW 2ND COURT PLANTATION, FL 33324	4917 N UNIVERSITY DRIVE LAUDERHILL,, FL 33351
FEI Number: 80-0165750 FEI Number Applied For ( ) FEI Number	nber Not Applicable ( ) Certificate of Status Desired ( )
Name and Address of Current Registered Agent:	Name and Address of New Registered Agent:
CAMERON, KARYN 9864 NW 2ND COURT PLANTATION, FL 33324 US	CAMERON, KARYN 4917 N UNIVERSITY DRIVE LAUDERHILL, FL 33351 US
The above named entity submits this statement for the purpose of in the State of Florida.	f changing its registered office or registered agent, or both,
SIGNATURE: KARYN CAMERON	06/29/2009
Electronic Signature of Registered Agent	Date
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive t Election Campaign Financing Trust Fund Contribution ().	he prior notice.
OFFICERS AND DIRECTORS:	${\bf ADDITIONS/CHANGES\ TO\ OFFICERS\ AND\ DIRECTORS:}$
Title:         PTS () Delete           Name:         CAMERON, KARYN           Address:         9864 NW 2ND COURT           City-St-Zip:         PLANTATION, FL 33324	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:
Title: ( ) Delete Name: Address: City-St-Zip:	Title: VP ( ) Change (X) Addition  Name: WATKINS, ANTHONY  Address: 9864 NW 2ND COURT  City-St-Zip: PLANTATION, FL 33324

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: KARYN CAMERON PTS 06/29/2009