2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2009
Secretary of State

DOCUMENT# P93000023332

Entity Name: PERFORMANCE AUTO CENTER INC.

Current Principal Place of Business:

3190 S. STATE ROAD 7
UNIT 20
MIRAMAR, FL 33023

New Principal Place of Business:

Current Mailing Address:

3190 S. STATE ROAD 7
UNIT 20
MIRAMAR, FL 33023

New Mailing Address:

FEI Number: 65-0397959 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

BARWISE, ROBERT
3190 SOUTH STATE ROAD 7
UNIT 20
MIRAMAR, FL 33023 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: BARWISE, ROBERT
Address: 2621 HURON WY
City-St-Zip: MIRAMAR, FL 33025

Title: D ( ) Delete
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Address: 2621 HURON WY
City-St-Zip: MIRAMAR, FL 33025

Title: D ( ) Delete
Name: BARWISE, ROBERT
Address: 2621 HURON WY
City-St-Zip: MIRAMAR, FL 33025

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: BARWISE, ROBERT
Address: 885 N.W. DEMEDICI RD.
City-St-Zip: PORT ST. LUCIE, FL 34986

Title: O (X) Change ( ) Addition
Name: BARWISE, SHERRY D
Address: 745 IMPERIAL LAKE RD.
City-St-Zip: WEST PALM BEACH, FL 33413

Title: D (X) Change ( ) Addition
Name: BARWISE, ROBERT
Address: 885 N.W. DEMEDICI RD.
City-St-Zip: PORT ST. LUCIE, FL 34986

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: ROBERT BARWISE D 02/20/2009

Electronic Signature of Signing Officer or Director — Date