

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000003570

FILED
Apr 03, 2008
Secretary of State

Entity Name: FLAMINGO MOTORWERKS, INC.

Current Principal Place of Business:

930 N. BEAL PARKWAY
FORT WALTON BEACH, FL 32547

New Principal Place of Business:

Current Mailing Address:

930 N. BEAL PARKWAY
FORT WALTON BEACH, FL 32547

New Mailing Address:

FEI Number: 59-3216867 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOREA, KING C
69 INDIAN BAYOU DR
DESTIN, FL 32541 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: PD () Delete
Name: MOREA, KING C
Address: 69 INDIAN BAYOU DR
City-St-Zip: DESTIN, FL 32541

Title: VP () Delete
Name: MOREA, JAYME C
Address: 418 ANDERSON DR
City-St-Zip: DESTIN, FL 32541

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PDT (X) Change () Addition
Name: MOREA, KING C
Address: 69 INDIAN BAYOU DR
City-St-Zip: DESTIN, FL 32541

Title: VPS (X) Change () Addition
Name: MOREA, JAYME C
Address: 418 ANDERSON DR
City-St-Zip: DESTIN, FL 32541

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: JAYME C MOREA

VPS

04/03/2008

Electronic Signature of Signing Officer or Director

_____ Date