2007 FOR PROFIT CORPORATION ANNUAL REPORT

May 09, 2007 8:00 am Secretary of State 05-09-2007 90102 027 ***175.00 DOCUMENT # P95000020883 1. Entity Name SOMETHING NEW AUTOS, INC. 40109224 Principal Place of Business Mailing Address 2221 17 ST 2221 17 ST SARASOTA, FL 34234 SARASOTA, FL 34234 No Chg-P CR2E034 (11/05) 04262007 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0566866 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SCHRAMM, DAVID DO NOT WRITE **2221 17TH STREET** SARASOTA, FL 34234 IN THIS SPACE 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 registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE NAME SCHRAMM, DAVID **2221 17TH STREET** STREET ADDRESS CITY-ST-ZIP SARASOTA, FL 34234 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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.

SIGNATURE:

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED