


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2005 8:00 am
Secretary of State

04-15-2005 90081 025 ***150.00

DOCUMENT # P95000074580 1. Entity Name DIAL-A-CLUTCH INC.			
Principal Place of Business 1701 B COSTA DEL SOL BOCA RATON, FL 33432		Mailing Address 1701 B COSTA DEL SOL BOCA RATON, FL 33432	
2. Principal Place of Business 765 SW 15th Ave		3. Mailing Address 765 SW 15th Ave	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State Delray Beach, FL		City & State Delray Beach, FL	
Zip 33444		Zip 33444	
Country USA		Country USA	
4. FEI Number 65-0610923		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SCHLANGER, PAUL 1701B COSTA DEL SOL BOCA RATON, FL 33432		7. Name and Address of New Registered Agent Name Schlanger Paul Street Address (P.O. Box Number is Not Acceptable) 765 SW 15th Ave City Delray Beach FL Zip Code 33444	
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 Paul Schlanger 4-9-05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	NAME SCHLANGER, PAUL	<input type="checkbox"/> Delete	
STREET ADDRESS 1701 B COSTA DEL SOL	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP BOCA RATON, FL 33432	Schlanger Paul 765 SW 15th Ave Delray Beach FL 33444		
TITLE VP	NAME SCHLANGER, RANDY	<input type="checkbox"/> Delete	
STREET ADDRESS 1701 B COSTA DEL SOL	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP BOCA RATON, FL 33432	Schlanger Randy 765 SW 15th Ave Delray Beach FL 33444		
TITLE S	NAME SCHLANGER, PAUL	<input type="checkbox"/> Delete	
STREET ADDRESS 1701 B COSTA DEL SOL	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP BOCA RATON, FL 33432	Schlanger Paul 765 SW 15th Ave Delray Beach FL 33444		
TITLE 	NAME 	<input type="checkbox"/> Delete	
STREET ADDRESS 	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP 			
TITLE 	NAME 	<input type="checkbox"/> Delete	
STREET ADDRESS 	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP 			
TITLE 	NAME 	<input type="checkbox"/> Delete	
STREET ADDRESS 	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP 			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Paul Schlanger		Paul Schlanger 4-9-05 561-222-6007	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone</small>	