


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.

City & State
Delray Beach, FL


City & State
Delray Beach, FL

Zip
33444

Country
Delray Beach

Zip
33444

Country
Delray Beach



04092005 Chg-P CR2E034 (10/03)

4. FEI Number
65-0610923

Applied For
 Not Applicable

5. Certificate of Status Desired **\$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* *Paul Schlanger* *4-9-05*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	SCHLANGER, PAUL	
STREET ADDRESS	1701 B COSTA DEL SOL	
CITY-ST-ZIP	BOCA RATON, FL 33432	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SCHLANGER, RANDY	
STREET ADDRESS	1701 B COSTA DEL SOL	
CITY-ST-ZIP	BOCA RATON, FL 33432	
TITLE	S	<input type="checkbox"/> Delete
NAME	SCHLANGER, PAUL	
STREET ADDRESS	1701 B COSTA DEL SOL	
CITY-ST-ZIP	BOCA RATON, FL 33432	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Schlanger Paul	
STREET ADDRESS	765 SW 15th Ave	
CITY-ST-ZIP	Delray Beach FL 33444	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Schlanger Randy	
STREET ADDRESS	765 SW 15th Ave	
CITY-ST-ZIP	Delray Beach FL 33444	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Schlanger Paul	
STREET ADDRESS	765 SW 15th Ave	
CITY-ST-ZIP	Delray Beach FL 33444	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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* *561-222-6307*

Signature and typed or printed name of signing officer or director Date Daytime Phone #