


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Sep 13, 2007 08:00 AM
Secretary of State

DOCUMENT # P95000077837 1. Entity Name ADVANCED AUTO WORKS, INC.	
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Principal Place of Business 5300 ASHTON COURT SARASOTA, FL 34233	Mailing Address 5300 ASHTON COURT SARASOTA, FL 34233
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DO NOT WRITE IN THIS SPACE



08172007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0622290	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent BENNETT, DONALD 1800 2ND STREET #735 SARASOTA, FL 34236

**DO NOT WRITE
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 _____ <small>Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when reinstating)</small>	U00000773977 09/13/07-80007-024 150.00 DATE
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FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007
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9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT WINSTEAD, JAMES C 3301 65TH STREET W BRADENTON, FL 34209
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS WINSTEAD, VIVIAN 3301 65TH STREET W BRADENTON, FL 34209
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing 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: <u>Vivian Aliskad</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	8.14.07 <small>Date</small>	(941) 730-5888 <small>Daytime Phone #</small>
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