2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2011
Secretary of State

DOCUMENT# P95000082513

Entity Name: TRANSMISSION DOCTOR, INC.

Current Principal Place of Business:

7548 W. MCNAB RD.
BAY A-9/10
N. LAUDERDALE, FL 33068

New Principal Place of Business:

Current Mailing Address:

7548 W. MCNAB RD.
BAY A-9/10
N. LAUDERDALE, FL 33068

New Mailing Address:

FEI Number: 65-0616290 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

AMENDOLARO, BRIAN P
7548 W. MCNAB RD., BAY A - 9/10
NORTH LAUDERDALE, FL 33068 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

OFFICERS AND DIRECTORS:

Title: P
Name: AMENDOLARO, BRIAN
Address: 11646 PARADISE COVE LANE
City-St-Zip: WELLINGTON, FL 33449

Title: VP
Name: AMENDOLARO, GABRIELLA K
Address: 11646 PARADISE COVE LANE
City-St-Zip: WELLINGTON, FL 33449

I hereby 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 all other like empowered.

SIGNATURE: BRIAN AMENDOLARO PRES 04/04/2011

Electronic Signature of Signing Officer or Director Date