

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000052655

FILED
Apr 16, 2007
Secretary of State

Entity Name: ANYTHING & EVERYTHING AUTOMOTIVE, INC.

Current Principal Place of Business:

1865 DR ANDRES WAY
DELRAY BEACH, FL 33445

New Principal Place of Business:

Current Mailing Address:

1865 DR ANDRES WAY
DELRAY BEACH, FL 33445

New Mailing Address:

FEI Number: 65-0677117

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ARNONE, IRENE
2400 SW 1 STREET
BOYNTON BEACH, FL 33445 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ARNONE, IRENE
Address: 2400 SW 1 STREET
City-St-Zip: BOYNTON BEACH, FL 33435

Title: D () Delete
Name: ARNONE, CARMINE F
Address: 9007 B BOCA GARDEN CIR SOUTH
City-St-Zip: BOCA RATON, FL 33496

Title: D () Delete
Name: ARNONE, JAMES
Address: 9007 B BOCA GARDEN CIR SOUTH
City-St-Zip: BOCA RATON, FL 33496

Title: D () Delete
Name: ARNONE, FRANK J
Address: 2400 SW 1 STREET
City-St-Zip: BOYNTON BEACH, FL 33435

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: IRENE F. ARNONE

D

04/16/2007

Electronic Signature of Signing Officer or Director

Date