

**FILED**  
**Jan 29, 2007 8:00 am**  
**Secretary of State**

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DOCUMENT # P96000057380

1. Entity Name  
ADVANCED AUTOMOTIVE & SUPERCHARGING, INC.



01-29-2007 90066 025 \*\*\*150.00

Secretary of State

Principal Place of Business  
1444 MARKET CIR  
UNIT 1-A  
PORT CHARLOTTE, FL 33953 US

Mailing Address  
1444 MARKET CIR  
UNIT 1-A  
PORT CHARLOTTE, FL 33953 US

2. Principal Place of Business - No P.O. Box #  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

4. FEI Number  
65-0701426

Applied For  
Not Applicable

5. Certificate of Status Desired

1042007 Chg-P CR2E034 (12/06)

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
THISTLE, JOHN E  
1444 MARKET CIR  
UNIT 1-A  
PORT CHARLOTTE, FL 33953

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

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: [Signature] John Thistle 11/18/07  
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, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS  
TITLE NAME STREET ADDRESS CITY-ST-ZIP  
PST THISTLE, JOHN E 1444 MARKET CIR, UNIT 1-A PORT CHARLOTTE, FL 33953  
[Delete]  
[Delete]  
[Delete]  
[Delete]  
[Delete]

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  
TITLE NAME STREET ADDRESS CITY-ST-ZIP  
[Change] [Addition]  
[Change] [Addition]  
[Change] [Addition]  
[Change] [Addition]  
[Change] [Addition]

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: [Signature] 11/18/07  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #