2007 FOR PROFIT CORPORATION

Apr 27, 2007 8:00 am Secretary of State **ANNUAL REPORT** 04-27-2007 90206 038 ***150.00 DOCUMENT # P96000064916 1. Entity Name HILL'S AUTO WORLD INC. Principal Place of Business Mailing Address 40086437 4205 US HWY 17 N 4205 US HWY 17 N BOWLING GREEN, FL 33834 BOWLING GREEN, FL 33834 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (12/06) 02192007 Chg-P City & State City & State 4. FEI Number Applied For 65-0692293 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DANIEL, HILL Street Address (P.O. Box Number is Not Acceptable) 313 GEORGIA STREET WAUCHULA, FL 33833 City Zip Code Fl 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, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addition HILL JAMES DAVID NAME NAME 16 GRADY REVELL ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WAUCHULA, FL 33873 CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME HILL, DANIEL LEE NAME 16 GRADY REVELL ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WAUCHULA, FL 33873 CITY-ST-ZIP Change ☐ Addition ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete THLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 charged, or on an attagringent with an address, with all offer like empowered.

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

Delete

TITLE

STREET ADDRESS CITY-ST-ZIP

☐ Change

☐ Addition

FILED