


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90860 011 ***150.00

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| DOCUMENT # P96000077152 |  |
| 1. Entity Name SBS AUTOS, INC. | |

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| Principal Place of Business 8451 TAMiami TRAIL SARASOTA, FL 34234 | Mailing Address 8451 TAMiami TRAIL SARASOTA, FL 34234 |
|---|---|

60045866



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| 2. Principal Place of Business - No P.O. Box # 5611 S. TAMiami TRAIL | 3. Mailing Address 5611 S. TAMiami TRAIL |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

03232007 Chg-P CR2E034 (12/06)

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|------------------------------------|------------------------------------|
| City & State SARASOTA FL | City & State SARASOTA FL |
| Zip 34231 | Zip 34231 |
| Country USA | Country USA |

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|------------------------------------|--|
| 4. FEI Number 65-0708232 | Applied For <input type="checkbox"/> 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 CRAVENS, JOHN 8451 TAMiami TRAIL SARASOTA, FL 34234 | |
| 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 5611 S. TAMiami TRAIL City SARASOTA FL Zip Code 34231 | |


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:  (NOTE: Registered Agent signature required when reinstating) DATE

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD CRAVENS, JOHN 8451 TAMiami TRAIL SARASOTA, FL <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5611 S. TAMiami TRAIL 34231 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | STD CRAVENS, CHERYL 8451 TAMiami TRIAL SARASOTA, FL <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition SOTTILE, CHERYL 5611 S. TAMiami TRAIL 34231 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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:  **3/23/07** **941-350-5138**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #