

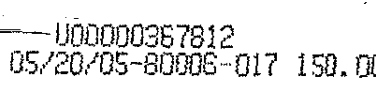


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 20, 2005 08:00 AM
Secretary of State

DOCUMENT # P97000004002			
1. Entity Name TOW-V-AIRE BRAKING, INC.			
Principal Place of Business 275 LAKE FRANCIS ROAD LAKE PLACID, FL 33852		Mailing Address POST OFFICE BOX 1604 LAKE PLACID, FL 33862	
DO NOT WRITE IN THIS SPACE			
		 02192005 No Chg-P CR2E034 (10/03)	
		4. FEI Number 59-3420303	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent OVERHULSER, WILLIAM T 275 LAKE FRANCIS RD LAKE PLACID, FL 33853			DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS			 U000000367812 05/20/05-80006-017 150.00 DO NOT WRITE IN THIS SPACE
TITLE	PD		
NAME	OVERHULSER, WILLIAM T		
STREET ADDRESS	275 LAKE FRANCIS ROAD		
CITY-ST-ZIP	LAKE PLACID, FL 33852		
TITLE	VSD		
NAME	OVERHULSER, PHYLLIS RUTH		
STREET ADDRESS	275 LAKE FRANCIS ROAD		
CITY-ST-ZIP	LAKE PLACID, FL 33852		
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <i>Phyllis Overhulser</i>		Date: <i>5/25/05</i>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Daytime Phone #</small>	