2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 10, 2006 08:00 AM Secretary of State

DOCUMENT # P9700004002 1. Entity Name TOW-V-AIRE BRAKING, INC.						Secre	iary oi Sta	ite	
Principal Place of Business Mailing Address					1				
275 LAKE FRANCIS ROAD LAKE PLACID, FL 33852		POST OFFICE BOX 1604 LAKE PLACID, FL 33862							
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			03132006	Chg-P	CR2E034 (11/05)		
City & State		City & State			4. FEI Numb		}+	pplied For of Applicable	
Zip	Country Zip Cou		Coun	try	5. Certificate	of Status Desired	S8.75 Ad		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
OVERHUI	OVERHULSER, WILLIAM T				Name				
275 LAKE LAKE PLA			Street Address	(P.O. Box Numb	er is Not Acceptab	ile)			
				City FL Zip Code					
6. 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, typod or printed name of registered agent and little if applicable (PROTE: Registered Agent enginetic depond enginetic depond when reinstating) DATE									
FILE NOWILL FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees									
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS.	CHANGES TO OF	FICERS AND DIRECTOR	SIN 11	
THILE	PD Delete		TITLE	ĭ			☐ Change	Addition	
NAME STREET ADDRESS			NAM6 STREE	ET ADDRESS	U0000049878Q				
City-SI-ZIP	, ·			ST-21P	U00000498780 04/22/06-80104-022 150.00				
TITLE			DILE				Change	☐ Addition	
NAME STREET ADDRESS	OVERHULSER, PHYLLIS RUTH 275 LAKE FRANCIS ROAD		NAME	1					
CITY-ST-ZIP	LAKE PLACID, FL 33852			ET ADDRESS ST-ZIP					
TITLE		☐ Gelete	7171.2	 -			☐ Change	☐ Addition	
NAME			NAME	3				_	
Street Address City-St-Zip			•	:TADORESS ST-ZIP					
TITLE		☐ Deleto	TITLE				☐ Change		
NAME			NAME						
STREET ADDRESS City-ST-ZIP				I ADDRESS SI-ZIP					
TOTLE		Delete	HILE				☐ Change	☐ Addition	
NAME SINUS ANDOCCO			NAME	4					
Sireli address City-St-Zip	• .		•	1 ADUHESS S1-289					
INLE		☐ Delete	TITLE	- 	- 		☐ Change	Addition	
name Street address			NAME	,					
City-S1-Zip		••		T AGORESS ST-ZIP					
	ertity that the information supplied with	this filing does not qualify for			Lin Chanter 119	Florida Statutes	further certify that the in	oformation	

12. Thereby certify that the information supplied with this filling 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: Phyllip Overbulser Phyllis Overbulser Thyllis Overbulser Thyllis Overbulser Order of Director Date Date Dept. Descriptions of Descr