

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000009132

FILED  
Mar 07, 2011  
Secretary of State

**Entity Name:** WHOLESAL PERFORMANCE TRANSMISSIONS, INC.

**Current Principal Place of Business:**

4899-34TH ST. N.  
ST. PETERSBURG, FL 33714

**New Principal Place of Business:**

**Current Mailing Address:**

4899-34TH ST N.  
ST. PETERSBURG, FL 33714

**New Mailing Address:**

**FEI Number:** 65-0744835

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SLIWINSKI, KRZYSZTOF S  
4899-34TH ST. N.  
ST. PETERSBURG, FL 33714 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: SLIWINSKI, KRZYSZTOF S  
Address: 4899-34TH ST N.  
City-St-Zip: SAINT PETERSBURG, FL 33714

Title: VP  
Name: WILLIAMS, SCOTT  
Address: 1414 BLOOMINGDALE TRAILS BLVD.  
City-St-Zip: BRANDON, FL 33511

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: KRZYSZTOF S SLIWINSKI

PRES

03/07/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date