


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 21, 2007 8:00 am**  
**Secretary of State**

03-21-2007 90027 030 \*\*\*150.00

<b>DOCUMENT # P97000013905</b>	
1. Entity Name <b>AUTHENTIC REPLACEMENT TECHNOLOGIES, INC.</b>	

Principal Place of Business <b>3644-B S. WESTSHORE BLVD. TAMPA, FL 33629</b>	Mailing Address <b>3644-B S. WESTSHORE BLVD. TAMPA, FL 33629</b>
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2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.	3. Mailing Address <b>5401 CENTRAL AVE.</b>  Suite, Apt. #, etc.
City & State  	City & State <b>ST PETERSBURG FL.</b>
Zip  	Country  
Zip <b>33710</b>	Country <b>FL</b>

<b>6. Name and Address of Current Registered Agent</b>	
<b>KIPP, JOAN B-3644 SW SHORE BLVD TAMPA, FL 33629</b>	

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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D KIPP, JOAN 3644- S. WESTSHORE BLVD. TAMPA, FL 33629</b> <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	<b>V BOVE, CAROLINE 3644-B S. WESTSHORE BLVD. TAMPA, FL 33629</b> <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: Joan Kipp Joan Kipp 3/12/07 813-831-6606  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #