


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2008 8:00 am
Secretary of State

04-18-2008 90043 037 ***150.00

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| DOCUMENT # P97000047274 |  |
| 1. Entity Name ANDRE'S AUTOMOTIVE, INC. | |

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| Principal Place of Business 295 WILMETTE AVE. ORMOND BEACH, FL 32174 | Mailing Address 295 WILMETTE AVE. ORMOND BEACH, FL 32174 |
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| 2. Principal Place of Business - No P.O. Box # 297 WILMETTE AVE | 3. Mailing Address 297 WILMETTE AVE |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

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|----------------------------------|----------------------------------|
| City & State ORMOND BEACH, FL | City & State ORMOND BEACH, FL |
| Zip 32174 | Country VOLUSIA |
| Zip 32174 | Country VOLUSIA |

02122008 Chg-P CR2E034 (12/06)

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|---|--------------------------------|
| 4. FEI Number 59-3455850 | Applied For Not Applicable |
| 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 BARTLETT, LAURENCE H 125 N. RIDGEWOOD AVE. DAYTONA BEACH, FL | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |
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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.

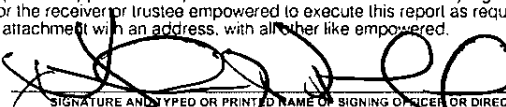
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)

Signature, typed or printed name of registered agent and title if applicable. DATE:

| | |
|---|---|
| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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 | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---|---|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D DIEFENDORF, ANDRE D 295 WILMETTE AVE. ORMOND BEACH, FL 32174 <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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 4/2/08 Daytime Phone #: 386 677-5011