2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P97000047298

Entity Name: DON'S PERFORMANCE TRANSMISSIONS, INC.

FILED May 11, 2005 Secretary of State

Current Principal Place of Business:	New Principal Place of Business
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909 S CHARLES RICHARD BEALL BLVD

SUITE B

DEBARY, FL 32713 US

Current Mailing Address: New Mailing Address:

909 S CHARLES RICHARD BEALL BLVD

SUITE B

DEBARY, FL 32713 US

FEI Number: 59-3238727 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

YOST, DONALD P CASALE, CHRISTOPHER M

905 S. CHARLES RICHARD BEALL BLVD. 905 S. CHARLES RICHARD BEALL BLVD.

#B #B

DEBARY, FL 32713 US DEBARY, FL 32713 US

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.

CICNATURE, CURICTORUED M. CACALE

SIGNATURE: CHRISTOPHER M. CASALE 05/11/2005

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: P (X) Change () Addition

 Name:
 YOST, DONALD P
 Name:
 CASALE, CHRISTOPHER M

 Address:
 2508 ALTON ROAD
 Address:
 1511 HOBSON ST

City-St-Zip: DELTONA, FL 32738 City-St-Zip: LONGWOOD, FL 32750

Title: P (X) Delete Title: () Change () Addition

 Name:
 GARRISON, HENRY O JR
 Name:

 Address:
 3009 BURLINGTON AVE
 Address:

 City-St-Zip:
 DELTONA, FL 32738
 City-St-Zip:

Title: VP (X) Delete Title: () Change () Addition

 Name:
 CASALE, CHRISTOPHER M
 Name:

 Address:
 1511 HOBSON ST
 Address:

 City-St-Zip:
 LONGWOOD, FL 32750
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: CHRISTOPHER M. CASALE P 05/11/2005