

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P97000078722

FILED
Jun 26, 2007
Secretary of State**Entity Name:** MOSLER CARS, INC.**Current Principal Place of Business:**1100 US HIGHWAY ONE
LAKE PARK, FL 33403**New Principal Place of Business:****Current Mailing Address:**8295 N. MILITARY TRAIL
SUITE C
PALM BEACH GARDENS, FL 33410 US**New Mailing Address:****FEI Number:** 65-0780405 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()****Name and Address of Current Registered Agent:**SIMON, ALAN R ESQ
8295 N. MILITARY TRAIL
SUITE C
PALM BEACH GARDENS, FL 33410 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:** CD () Delete
Name: MOSLER, WARREN B
Address: 5000 ESTATE SOUTHGATE
City-St-Zip: CHRISTIANSTED, VI 00820 US**Title:** PD () Delete
Name: GONZALEZ, AVEL A
Address: 1100 US HIGHWAY ONE
City-St-Zip: LAKE PARK, FL 33403 US**Title:** STD () Delete
Name: SIMON, ALAN R
Address: 8295 N. MILITARY TRAIL SUITE C
City-St-Zip: PALM BEACH GARDENS, FL 33410 US**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** P (X) Change () Addition
Name: LEUNG, BETH R
Address: 1100 US HIGHWAY ONE
City-St-Zip: LAKE PARK, FL 33403 US**Title:** () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: ALAN R. SIMON

STD

06/26/2007

Electronic Signature of Signing Officer or Director_____
Date