2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2007
Secretary of State

DOCUMENT# P98000011214

Entity Name: EXPERT CAR CARE, INC.

Current Principal Place of Business:

576 ORANGE DR #83
ALTAMONTE SPRINGS, FL 32701

New Principal Place of Business:

3016 ALAFAYA TRAIL
OVIEDO, FL 32765 US

Current Mailing Address:

576 ORANGE DR #83
ALTAMONTE SPRINGS, FL 32701

New Mailing Address:

315 SPRING LAKE HILLS DR
ALTAMONTE SPRINGS, FL 32714

FEI Number: 59-3490200 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SADA, JAMES R
576 ORANGE DR.
83
ALTAMONTE SPRINGS, FL 32701 US

Name and Address of New Registered Agent:

SADA, JAMES R
315 SPRING LAKE HILLS
ALTAMONTE SPRINGS, FL 32714 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.

SIGNATURE: JAMES SADA 04/24/2007
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: SADA, JAMES R
Address: 576 ORANGE DR #83
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: VP ( ) Delete
Name: SADA, DONNA M
Address: 576 ORANGE DR # 83
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: SADA, JAMES R
Address: 315 SPRING LAKE HILLS DR
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: VP (X) Change ( ) Addition
Name: SADA, DONNA M
Address: 315 SPRING LAKE HILLS DR
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

I hereby certify that the information supplied with this filing does not qualify for the 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: JAMES SADA P 04/24/2007
Electronic Signature of Signing Officer or Director Date