2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

FILED Jan 31, 2007 8:00 am Secretary of State

01-31-2007 90049 040 ***150.00

| DOCL | IMENT | # P98000012860 | |
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1. Entity Name MOFFAT AUTOMOTIVE GROUP, INC. Principal Place of Business Mailing Address 40007685 2856-60 SE MONROE ST. 2856-60 SE MONROE ST. STUART, FL 34997 STUART, FL 34997 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01192007 Chg-P CR2E034 (12/06) City & State 4. FEI Number Applied For City & State 65-0828639 Not Applicable Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent DOVIE, GEORGE F III Street Address (P.O. Box Number is Not Acceptable) 555 COLORADO AVE STUART, FL 34995 City Zip Code 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 П Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PD TITLE PD Change 1 ☐ Addition TITLE ☐ Delete MOFFAT, B J MOFFAT, B J NAME NAME 9465 SE FEDERAL HWY-STREET ADDRESS 1 MELODY LANE STREET ADDRESS HOBE SOUND, FL 33455 CITY-ST-ZIP STUART, FL 34996 ☐ Delete TITLE Change ☐ Addition TITLE MOFFAT, JANE E MOFFAT, JANE E NAME NAME STREET ADDRESS 1 MELODY LANE STREET ADDRESS 9465 SE FEDERAL HWY HOBE SOUND, FL 33455 CITY-ST-ZIP STUART, FL 34996 TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TIFLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P

12. I hereby certify that the information supplied with this filling 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 triberend 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:

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR