2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 26, 2007 08:00 AM Secretary of State

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CIT	1. Entity Name POWERLINE TOWING AND RECOVERY, INC. Principal Place of Business 2660 N.W. BOCA RATON BLVD. Mailing Address 7777 GLADES RD	Secretary of Sta
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S. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Name Name Name Name Name Name Street Address (P.O. Box Number a Not Acceptable) City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Piorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Piorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Piorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Piorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Piorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Piorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Piorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Piorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Piorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Piorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Piorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Piorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Piorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Piorida. I am familiar with, and accept the obligations of Piorida. Singer Address of Name Registered Agent. Sing	Zip Country Zip Country	\$9.75 Auditional
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12. Thereby 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 supplier participated and that my signature shall have the same topal effect as it made under native that Lam an officer or director.	CITY-ST-ZIP	
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