


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

<b>DOCUMENT # P98000025777</b>		
1. Entity Name <b>AUTOMOTION SERVICES, INC.</b>		

FILED  
07 SEP 13 AM 8:56

Principal Place of Business <b>9601 SUNBEAM CENTER DR. JACKSONVILLE FL 32257 US</b>	Mailing Address <b>9601 SUNBEAM CENTER DR. JACKSONVILLE FL 32257 US</b>
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2. Principal Place of Business - No P.O. Box # <b>5570 Florida Mining Blvd.</b>	3. Mailing Address <b>5570 Florida Mining Blvd.</b>
Suite, Apt. #, etc. <b>Suite #204</b>	Suite, Apt. #, etc. <b>Suite #204</b>
City & State <b>Jacksonville Fla.</b>	City & State <b>Jacksonville Fla.</b>
Zip <b>32257</b>	Zip <b>32257</b>
Country	Country

2nd MOORE CR2E034 (4/07)

4. FEI Number <b>59-3504027</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent <b>YORK, THOMAS E 9601 SUNBEAM CENTER DR. JACKSONVILLE FL 32257</b>		7. Name and Address of New Registered Agent Name <b>York, Thomas E.</b> Street Address (P.O. Box Number is Not Acceptable) <b>5570 Florida Mining Blvd.</b> <b>Suite #204</b> City <b>Jacksonville</b> FL Zip Code <b>32257</b>

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 Thomas E. York DATE 9/1/07  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstated)

<b>FILE NOW!!! FEE IS \$550.00 DUE BY September 5, 2007 Make Check Payable to Florida Department of State</b>	S 607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. <input type="checkbox"/>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>P YORK, THOMAS E 4433 KINCARDINE DRIVE. JACKSONVILLE FL 32257</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>\$79/14</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>400109707764 09/20/07--01040--007 **550.00</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby 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 supplemental report is true and 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: Thomas E. York pres. Thomas E. York DATE 9/1/07 (904) 292-3994  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR