2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000051557

Entity Name: NEW IMAGE AUTOMOTIVE GROUP, INC.

FILED May 03, 2004 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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3905 INVESTMENT LN. #14

#16

WEST PALM BEACH, FL 33404

LAKE PARK, FL 33403

870 OLD DIXIE HWY

Current Mailing Address:

New Mailing Address:

8763 159 CT. N

PALM BEACH GARDENS, FL 33418

FEI Number: 65-0846393 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

FLECK, DOUGLAS H 11606 SW MEADOW LARK CIR STUART, FL 34997 US FLECK, DOUGLAS H 2468 RIVIERA RD STUART, FL 34997 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: 05/03/2004

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D () Delete Name: SHARONE, MARK

Address: 8763 159TH CT N City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: () Delete

Name: Address: City-St-Zip: Title: D (X) Change () Addition

Name: SHARONE, MARK PRES

Address: 8763 159TH CT N

City-St-Zip: PALM BEACH GARDENS, FL 33418

 $\begin{array}{lll} \mbox{Title:} & \mbox{D} & (\) \mbox{ Change } (\mbox{X}) \mbox{ Addition} \\ \mbox{Name:} & \mbox{ARNOLD, MARK} \end{array}$

Address: 945 INDIGO PT City-St-Zip: GULFSTREAM, FL 33483

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: MARK SHARONE D 05/03/2004