

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P98000054305

1. Entity Name
COLLISION TRENDS, INC.



Principal Place of Business
1617 STATE AVE.
HOLLY HILL, FL 32117 US

Mailing Address
1617 STATE AVE.
HOLLY HILL, FL 32117 US

DO NOT WRITE IN THIS SPACE

FILED
Mar 21, 2008 8:00 am
Secretary of State

03-21-2008 90019 002 ***150.00

40049631



03182008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3537189	<input type="checkbox"/> 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

PREScott, THOMAS A
1617 STATE AVE.
HOLLY HILL, FL 32117

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution: **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PREScott, THOMAS A 2665 AVA CIRCLE PORT ORANGE, FL 32128
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 PREScott*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/18/08 (386)672-2125

Date

Daytime Phone #