2008 FOR PROFIT CORPORATION ANNUAL REPORT

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Apr 28, 2008 8:00 am
Secretary of State
04-28-2008 90340 007 ***158.75

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1. Entity Name
CENTRAL CITY MOTORS, INC.

Principal Place of Business	Mailing Address
953 MERCY DRIVE ORLANDO, FL 32808	953 MERCY DRIVE ORLANDO, FL 32808

04022008 Chg-P CR2E034 (12/06)

2. Principal Place of Business (No P.O. Box #)	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-3518306 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PETERS, ANTHONY H 953 MERCY DRIVE ORLANDO, FL 32808	Name PETERS, Roma Street Address (P.O. Box Number is Not Acceptable) 953 Mercy Dr. Suite H City Orlando FL Zip Code 32808

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 _____ DATE
(Signature, typed or printed name of the new registered agent, if applicable) (NOTE: Registered Agent signature required when reinstating)

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P PETERS, ANTHONY 569 BELHAVEN FALLS DRIVE OCOEE, FL 34761	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP-Director ANTHONY PETERS. ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPDS PETERS, ROMA 569 BELHAVEN FALLS DRIVE OCOEE, FL 34761	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President, Director Secretary & Treasurer Roma Peters ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PETERS, AMANDA 569 BELHAVEN FALLS DRIVE OCOEE, FL 34761	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RAMDIAL, PEARL 569 BELHAVEN FALLS DRIVE OCOEE, FL 34761	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby 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 attached sheet, with all other like empowered.

SIGNATURE: ✕ Roma Peters President 4/7/08 407-290-1458
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #