

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000058158

Entity Name: AUTOCOUNT, INC.

FILED
Apr 19, 2007
Secretary of State

Current Principal Place of Business:

1211 SEMORAN BLVD STE 101
CASSELBERRY, FL 32707

New Principal Place of Business:

12001 RESEARCH PARKWAY
328
ORLANDO, FL 32826

Current Mailing Address:

C/O EXPERIAN, 475 ANTON BLVD
COSTA MESA, CA 92626

New Mailing Address:

FEI Number: 59-3522237 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: STARR, ROBERT A SR.
Address: 4713 RIVERTON DR.
City-St-Zip: ORLANDO, FL 32817

Title: D () Delete
Name: NELSON, ROBERT
Address: 475 ANTON BLVD
City-St-Zip: COSTA MESA, CA 92626

Title: VP () Delete
Name: BROOKS, PAUL
Address: 475 ANTON BLVD
City-St-Zip: COSTA MESA, CA 92626

Title: S () Delete
Name: LESLIE, SCOTT
Address: 475 ANTON BLVD
City-St-Zip: COSTA MESA, CA 92626

Title: T () Delete
Name: PEPPER, MARK
Address: 475 ANTON BLVD
City-St-Zip: COSTA MESA, CA 92626

Title: C () Delete
Name: ROBERT, DON
Address: 475 ANTON BLVD
City-St-Zip: COSTA MESA, CA 92626

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: VACANT, VACANT
Address: 475 ANTON BLVD.
City-St-Zip: COSTA MESA, CA 92626

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

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

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

Title: T (X) Change () Addition
Name: WHEELER, SCOTT
Address: 475 ANTON BLVD
City-St-Zip: COSTA MESA, CA 92626

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: SCOTT WHEELER

T

04/19/2007

Electronic Signature of Signing Officer or Director

_____ Date