2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2009
Secretary of State

DOCUMENT# P98000073407

Entity Name: PENSACOLA FUEL INJECTION INC.

Current Principal Place of Business:

4605 N. PALAFOX STREET
PENSACOLA, FL 32505

New Principal Place of Business:

Current Mailing Address:

4605 N. PALAFOX STREET
PENSACOLA, FL 32505

New Mailing Address:

FEI Number: 59-3540480 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WALTERS, GARY M
8990 NORTH DAVIS HWY.
APT. # 5
PENSACOLA, FL 32514 US

Name and Address of New Registered Agent:

WALTERS, GARY M
3332 CIUNTRY MEADOW LANE
PACE, FL 32571 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: GARY WALTERS 02/26/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: WALTERS, PHILLIP D SR
Address: 29476 OAKSTONE DRIVE EAST
City-St-Zip: DAPHNE, AL 36526

Title: STD ( ) Delete
Name: WALTERS, ATONIA
Address: 29476 OAKSTONE DRIVE EAST
City-St-Zip: DAPHNE, AL 36526

Title: V ( ) Delete
Name: WALTERS, PHILLIP D JR
Address: 28146 LANDMARK AVE.
City-St-Zip: LOXLEY, AL 36551

Title: V ( ) Delete
Name: WALTERS, GARY M
Address: 8990 NORTH DAVIS HWY. APT.# 5
City-St-Zip: PENSACOLA, FL 32514

Title: V ( ) Delete
Name: WALTERS, ERIC B
Address: 29476 OAKSTONE DRIVE EAST
City-St-Zip: DAPHNE, AL 36526

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: V (X) Change ( ) Addition
Name: WALTERS, GARY M
Address: 3332 COUNTRY MEADOW LANE
City-St-Zip: PACE, FL 32571

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

I hereby certify that the information supplied with this filing does not qualify 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: ATONIA WALTERS STD 02/26/2009
Electronic Signature of Signing Officer or Director Date