
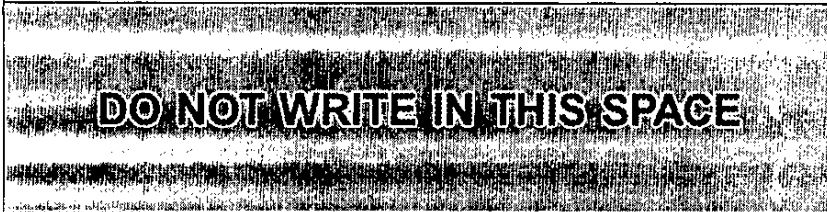


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2007 08:00 AM
Secretary of State

DOCUMENT # P98000083092 1. Entity Name EARL'S CYCLE CENTER, INC.	
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Principal Place of Business 2420 N.W. PINE AVENUE OCALA, FL 34475	Mailing Address 2420 N.W. PINE AVENUE OCALA, FL 34475
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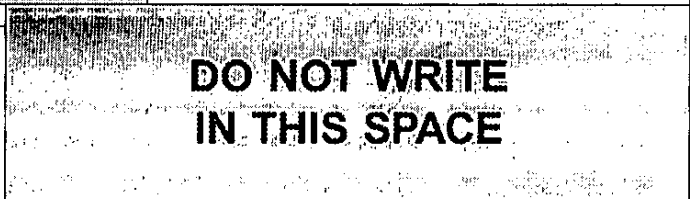


01022007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3534901	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SIEFERT, MICHAEL A
 606 S.E. THIRD AVENUE
 OCALA, FL 34471

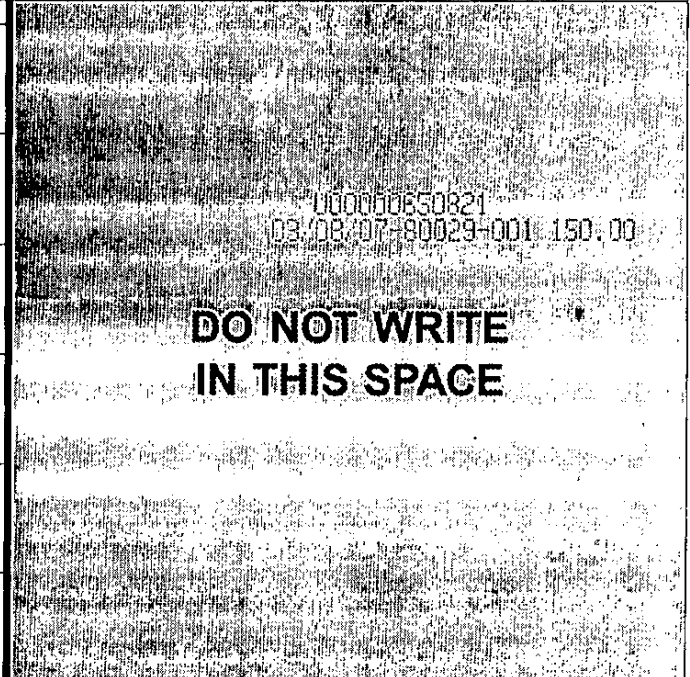


8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

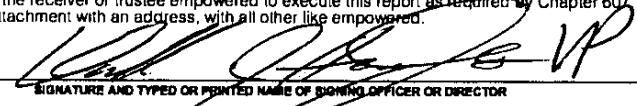
SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HARRINGTON JR, EARL B 2420 N.W. PINE AVENUE OCALA, FL 34475
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HARRINGTON, DEBORAH J 2420 N.W. PINE AVENUE OCALA, FL 34475
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST HARRINGTON, EARL B JR. 2420 N.W. PINE AVENUE OCALA, FL 34475
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	



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:  2-25-07 352629-3166
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #