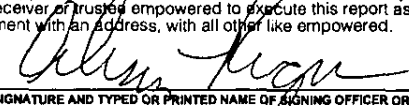


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 04, 2008 08:00 AM
Secretary of State

DOCUMENT # P98000092687			
1. Entity Name APPROVED TURBO COMPONENTS-FLORIDA, INC.			
Principal Place of Business 540-C 2ND STREET, SW VERO BEACH, FL 32962		Mailing Address 540-C 2ND STREET, SW VERO BEACH, FL 32962	
DO NOT WRITE IN THIS SPACE			
		 01312008 No Chg-P CR2E034 (11/05)	
		4. FEI Number 59-3545393	Applied For ☐ Not Applicable
		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ROGERS, ALISON 540-C 2ND STREET, S.W. VERO BEACH, FL 32962		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	000000812400 02/12/08-80046-006 150.00
10. OFFICERS AND DIRECTORS			
TITLE	P		
NAME	ROGERS, MICHAEL W		
STREET ADDRESS	5650 25TH STREET S.W.		
CITY-ST-ZIP	VERO BEACH, FL 32968		
TITLE	VP		
NAME	ROGERS, ALISON		
STREET ADDRESS	5650 25TH STREET S.W.		
CITY-ST-ZIP	VERO BEACH, FL 32968		
TITLE	D		
NAME	WHITTALL, MARY		
STREET ADDRESS	4543 WEST IRIS AVENUE		
CITY-ST-ZIP	VISALIA, CA 93277		
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: 		1/31/08 772-569-2995	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	