2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P98000096895

FILED Mar 24, 2008 Secretary of State

| Entity Name: GABE A | UTO TECH, INCORPORATED | | |
|---|----------------------------------|---|--|
| Current Principal Place of Business: | | New Principal Place of Business: | |
| 2441 SOUTH ORANGE APOPKA, FL 32703 | BLOSSOM TRAIL | | |
| Current Mailing Address: | | New Mailing Address: | |
| 2441 SOUTH ORANGE APOPKA, FL 32703 | BLOSSOM TRAIL | | |
| FEI Number: 59-3542108 | FEI Number Applied For() | FEI Number Not Applicable () | Certificate of Status Desired () |
| Name and Address of Current Registered Agent: | | Name and Address of New Registered Agent: | |
| LYNCH, GABRIEL O 1422 JECENIA BLOSSC APOPKA, FL 32712 | DM DR US | | |
| The above named entity in the State of Florida. | submits this statement for the p | ourpose of changing its registered | I office or registered agent, or both, |
| SIGNATURE: | | | |
| Electronic Signature of Registered Age | | ent | Date |
| OFFICERS AND DIRECTORS: | | ADDITIONS/CHANGE | S TO OFFICERS AND DIRECTORS |

Title: Title: () Delete LYNCH, SR, GABRIEL O Name: Name: 1422 JECENIA BLOSSOM DR Address: Address: City-St-Zip: APOPKA, FL 32712 City-St-Zip:

Title: VΡ () Delete LYNCH, VIANA Name:

Address: 1422 JECENCIA BLOSSOM

APOPKA, FL 32712 City-St-Zip:

Title: () Delete Name: LYNCH, JR, GABRIEL Address: 217 BLUFF PASS DR City-St-Zip: EUSTIS, FL 32726

Title: () Delete

Name: Address: City-St-Zip:

LYNCH, VIANA VPRES Address: 1422 JECENIA BLOSSOM DR. APOPKA, FL 32712 City-St-Zip:

APOPKA, FL 32712

LYNCH, SR, GABRIEL O PRES

1422 JECENIA BLOSSOM DR.

(X) Change () Addition

(X) Change () Addition

Title:

Name:

Title: (X) Change () Addition Name: LYNCH, JR, GABRIEL DIR Address: 217 BLUFF PASS DR. City-St-Zip: EUSTIS, FL 32726

Title: () Change (X) Addition LYNCH, JOCELYN V TRES Name: Address: 1422 JECENIA BLOSSOM DR. APOPKA, FL 32712 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: GABRIEL LYNCH **PRES** 03/24/2008