## TOR-PROFIT CORPORATION

## **ANNUAL REPORT (AR)**

**FILED** Apr 30, 2008 08:00 AN Secretary of State

DOCUME  1. Entity Name							
BNO PERFOR	MANCE AUTOMOTIVE	E & MARINE, INC.	3				
Principal Prace of Bu	ısiness	Mailing Address					
2427 GUAVA DRI EDGEWATER FL		2130 NEEDLE PALM DR. EDGEWATER FL 32141					
2. Principal Place of Business - No P.C. Box #		3. Mailing Address					
Suite, Apt, #, etc.		Suite, Apt. #, etc. City & State					
City & State							
Zip	Country	Z:p Country			5.		
6.		7.					

2427 GUAVA DRIVE 2130 NEEDLE PALM DR. EDGEWATER FL 32141 EDGEWATER FL 32141											
2. Principal F	Place of Busine	ess - No P.O. Box #	3. Mailing Addres	9							
Suite, Apt. #. etc.		Suite, Apt. #, et	Suite, Apt. #, etc.		15	t MOORE	CR2E034	(10/07)			
City & State		City & State	City & State		4. FEI Numb	59-354482	6		oplied For of Applicable		
Zıp		Country	Z:p	Z:p Country		5. Certificate	5. Certificate of Status Desired   \$8.75 Additional Fee Required				
	6. Name a	and Address of Cu	rrent Registered Agent			7. Name and	d Address of New F	Registered A	gent		
BAILEY & TRUMBO, P.A. 340 N. CAUSEWAY NEW SMYRNA BEACH FL 32169			Name								
				Street Address (P.O. Box Number is Not Acceptable)							
				City	FL Z <sub>1D</sub> Code						
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. Familiar with, and accept the obligations of registered agent.											
SIGNATURE .											
	Signature, typed o	r primited trainin of regulatories	tingent and little. I amplication,	(NOTE Fegisia	ied Ager Leignnturn regi	ured when reintrate g)		DATE			
After	May 1, 2008	FEE IS \$150.00 Fee Will Be \$55 Florida Departme	50.00				9. Election Camp Trust Fund Cor	.,.	<u></u> +	00 May Be ed to Fees	
10.		OFFICERS	AND DIRECTORS	11	,	ADDITIONS	/CHANGES TO OFF	ICERS AND	DIRECTOR	S IN 11	
TITLE	D		□ De∉	ete ni	'LF		,	-	☐ Change	☐ Addition	
NAME		EN, ROBERT		HA	ME						
		LE PALM DR.			REET ADDRESS		U000009	333059			
CITY-ST-ZIP	EDGEWATE	H FL 32141			Y-ST-ZIP		0000009 05/22/08=1			1	
TITLE NAME			☐ De-e						Change	Addition	
STREET ADDRESS					ME Reft address						
CITY-ST-7IP					Y-SI-ZIP						
TITLE			☐ Dere	ite îir	LE	*			☐ Change	Addition	
NAME				rta.	PNE						
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CITY-ST-ZIP					Y-ST-ZIP						
INTE			☐ Deie						Change	Addition	
NAME STORET ADDRESS				NAI OTC							
STREET ADDRESS CITY-ST-ZIP					Y-SI-ZIP						
TITLE			□ Dele						☐ Change	Addition	
NAME			□ <i>0e-</i> c	NAI					onlinge	□ Addition	
STREET ADDRESS				SIF	REET ADORESS						
CHY-ST-ZIP				СП	Y-SI-ZIP						
TITLE			☐ Deie	te m	ιε				☐ Change	Addition	
NAME				NAI	ME				-		
STREET ADDRESS					REE! ADDRESS						
CITY- ST-ZIP			<u> </u>	CII	Y-ST-ZIP						
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I nereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119. Florida Statutes. I further certify that the information indicated on this report or supplemental code this 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 of the secure 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 affectes, with all other like empowered.

SIGNATURE:

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

386 427 0390