2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 06, 2007 08:00 A Secretary of State **DOCUMENT # P98000101868** OPEN THROTTLE INC. Principal Place of Business Mailing Address 316 MAIN STREET 316 MAIN STREET DAYTONA BEACH, FL 32118 DAYTONA BEACH, FL 32118 CR2E034 (11/05) 02192007 No Cha-P DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3555746 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE CARVAGNO, BEN 316 MAIN STREET DAYTONA BEACH, FL 32118 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE CARVAGNO, JOSEPH NAME STREET ADDRESS 316 MAIN STREET DAYTONA BEACH, FL 32118 CITY-ST-ZIP U00000692742 TITLE £04/16/07-80012-007 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. I hereby certify that the information supplied with this filling 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 type 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 empoyered 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 attach

SIGNATURE:

NAME STREET ADDRESS CiTY-ST-ZiP TITLE NAME STREET ADDRESS CITY-ST-ZIP

ATURE AND PED OR PRINTED NAME OF SIGNING OFFICER OR

Daytime Phone #