
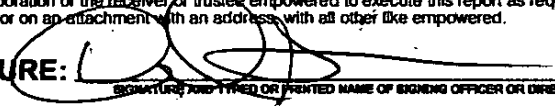


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 09, 2007 8:00 am**  
**Secretary of State**

04-09-2007 90079 010 \*\*\*150.00

<b>DOCUMENT # P99000008270</b>			
1. Entity Name <b>GAULT AUTOBODY &amp; RESTORATION, INC.</b>			
Principal Place of Business <b>3501 NW 14 AVE POMPANO BEACH, FL 33064</b>		Mailing Address <b>3501 NW 14 AVE POMPANO BEACH, FL 33064</b>	
2. Principal Place of Business - No P.O. Box # <b>4350 NW 19<sup>th</sup> Ave</b>		3. Mailing Address <b>4350 NW 19<sup>th</sup> Ave</b>	
Suite, Apt. #, etc. <b>Suite G</b>		Suite, Apt. #, etc. <b>Suite G</b>	
City & State <b>Pompano Beach, FL</b>		City & State <b>Pompano Beach, FL</b>	
Zip <b>33064</b>	Country <b>USA</b>	Zip <b>33064</b>	Country <b>USA</b>
4. FEI Number <b>65-0888459</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>GAULT, DAVID H 104 HIBISCUS AVE POMPANO BEACH, FL 33062</b>		7. Name and Address of New Registered Agent Name <b>David H. Gault</b> Street Address (P.O. Box Number is Not Acceptable) <b>2344 NE 12th Street</b> <b>Unit 15.</b> City <b>Pompano Beach, FL</b> Zip Code <b>33062</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small> DATE _____			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>GAULT, DAVID</b> <b>104 HIBISCUS AVE</b> <b>POMPANO BEACH, FL 33062</b>	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 807, 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: 		Date <b>4/16/07</b> Daytime Phone # <b>954971-2111</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	