2008 FOR PROFIT CORPORATION

Apr 21, 2008 08:00 A Secretary of State **ANNUAL REPORT DOCUMENT # P99000017079** 1. Entity Name MAIN-ON FLEET SERVICES, INC. Principal Place of Business Mailing Address P. O. BOX 480086 P. O. BOX 480086 DELRAY BEACH, FL 33444-8 DELRAY BEACH, FL 33448 No Chg-P CR2E034 (11/05) 04152008 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number Not Applicable 65-0895519 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent NASSAR, MIKE PRES. DO NOT WRITE 352 NE 25TH AVE **BOYNTON BEACH, FL 33435** 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 DATE Signature, typed or printed name of registered agent and title if applicable 000000909243 05/06/08-80063-010 150.00 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE NASSAR, MIKE PRES. NAME P. O. BOX 480086 STREET ADDRESS CITY-ST-ZIP DELRAY BEACH, FL 33448 TITLE NASSAR, MIKE PRES. NAME STREET ADDRESS P. O. BOX 480086 CITY-ST-ZIP DELRAY BEACH, FL 33448 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

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:

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED