*2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Mar 24, 2005 08:00 AM **Secretary of State DOCUMENT # P99000034308** MOBILE IMPORT AUTO REPAIR, INC. Principal Place of Business __ Mailing Address 4011 CLINTON RD. 4011 CLINTON RD. VALRICO, FL 33594 VALRICO, FL 33594 03182005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0917133 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent PIAMJAROEN, CHOKSURAPHON DO NOT WRITE 4011 CLINTON RD. VALRICO, FL 33594 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 Signature, typed or printed name of registered agent and little if applicable (NOTE Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE PIAMJAROEN, CHOKSURAPHON NAME 4011 CLINTON RD STREET ADDRESS CITY-ST-ZIP VALRICO, FL 33594 TITLE U00000274877 NAME U3/24/05-80029-015 ISD.un STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY - ST - ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CiTY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY - ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

URE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

(813) 690-9966