

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 30, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P99000060251</b> 1. Entity Name ORIGINALITY AUTOS, INC.	
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Principal Place of Business 710 WASHBURN RD UNIT 1 MELBOURNE, FL 32934	Mailing Address 710 WASHBURN RD UNIT 1 MELBOURNE, FL 32934
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**DO NOT WRITE IN THIS SPACE**



01032007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3585221	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

JACOBS, DANIEL  
710 WASHBURN RD  
UNIT 1  
MELBOURNE, FL 32935

**DO NOT WRITE  
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JACOBS, DANIEL 710 WASHBURN RD. #1 MELBOURNE, FL 32934
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CROWTHER, WILLIAM 710 WASHBURN RD #1 MELBOURNE, FL 32934
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

05/16/07-80049-015 150.00

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:** WM CROWTHER UP **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

Date 04-27-07 Daytime Phone # 321-259-1195