2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000082529

Entity Name: PARTS DIRECT, INC.

City-St-Zip:

GERMANTOWN, TN 38139

FILED Jan 05, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 6511 BAYSHORE ROAD PALMETTO, FL 34221 **Current Mailing Address: New Mailing Address:** 1992 MYRTLE BEND GERMANTOWN, TN 38139 FEI Number: 65-0948743 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SPIEGEL & UTRERA, P.A. 343 ALMERIA AVENÚE CORAL GABLES, FL 33134 US 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: PRFS () Delete Title: PRFS (X) Change () Addition HOFFMASTER, RON CHEVALIER, DOUG Name: Name: HUNTERS RIDGE DRIVE 1569 GRAFTON COVE Address: Address: City-St-Zip: MEAD, CO 80542 City-St-Zip: COLLIERVILLE, TN 38017 Title: VΡ Title: () Delete () Change () Addition Name: GANN, DAVE Name: Address: Address: 206 FAIR RD PRAIRIE HOME, MO 65068 City-St-Zip: City-St-Zip: Title: Title: () Delete (X) Change () Addition HABLITZEL, RANDY OHREN, CARRIE Name: Name: 415 S. MARIAN RD. 24693 ALSEA HWY Address: Address: City-St-Zip: HASTINGS, NE 68901 City-St-Zip: PHILOMATH, OR 97370 Title: () Delete Title: () Change () Addition NITSCH, CHUCK Name: Name: Address: 1992 MYRTLE BEND Address:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: CHUCK NITSCH T 01/05/2007