## 2004 FOR PROFIT CORPORATION

## Mar 12, 2004 08:00 AM Secretary of State ANNUAL REPORT DOCUMENT # P99000086126 GREAT IDEAS AUTOMOTIVE CORPORATION Mailing Address Principal Place of Business 2043 HOWELL BRANCH RD. 2043 HOWELL BRANCH RD. MAITLAND, FL 32751 MAITLAND, FL 32751 No Cha-P CR2E034 (10/03) 02202004 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3604876 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent LIVINGSTON, ANDREW DO NOT WRITE 2043 HOWELL BRANCH RD. MAITLAND, FL 32751 IN THIS SPACE الميون الإذا يوليون المراجع المراجع المراجع المراجع المحاجع المحاجع المراجع المراجع المراجع المراجع المراجع الم 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 lamiliar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and sitte if applicable (NOTE Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 UDDELETTER 7045 Trust Fund Contribution. After May 1, 2004 Fee will be \$550.00 Added to Fees 03/12/04-80047-020 10. OFFICERS AND DIRECTORS NILE LIVINGSTON, ANDREW NAME STREET ADDRESS 2043 HOWELL BRANCH RD. CXTY - ST - ZIP MAITLAND, FL 32751 TITLE NAME STREET ADDRESS CAY ST ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY -ST-782 TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Plorida 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 liber impowered.

STREET ADDRESS CITY-ST-ZIP TITLE NAME STRELT ADDRESS CITY STATE

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF CHING OFFICER OR DIRECTOR

**FILED**