2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S11660

Entity Name: ST. CLOUD AUTO SALVAGE, INC.

FILED Apr 25, 2008 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:

5825 EAST IRLO BRONSON MEMORIAL HWY 5285 EAST IRLO BRONSON MEMORIAL HWY

ST. COULD, FL 34771 ST. COULD, FL 34771

Current Mailing Address: New Mailing Address:

5285 E IRLO BRONSON MEMORIAL HWY 5285 EAST IRLO BRONSON MEMORIAL HWY

ST. CLOUD, FL 347718742 US ST. COULD, FL 34771

FEI Number: 59-3032276 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:

PERSAUD, TEEK PERSAUD, TEEK

5825 EAST IRLO BRONSON MEMORIAL HWY 5285 EAST IRLO BRONSON MEMORIAL HWY

ST CLOUD, FL 34771 US ST CLOUD, FL 34771 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: 04/25/2008

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: () Change () Addition

 Name:
 PERSAUD, TEEK
 Name:

 Address:
 5825 EAST IRLO MEMORIAL HWY
 Address:

City-St-Zip: SAINT CLOUD, FL 34771 City-St-Zip:

Title: VP () Delete Title: () Change () Addition

 Name:
 TOTARAH, HETRI
 Name:

 Address:
 5825 EAST IRLO BRONSON MEMORIAL HWY
 Address:

 City-St-Zip:
 SAINT CLOUD, FL 34771
 City-St-Zip:

Name: PERSAUD, VEE Name: PERSAUD, VEE

Address: 5825 EAST IRLO BRONSON MEMORIAL HWY Address: 5285 EAST IRLO BRONSON MEMORIAL HWY

City-St-Zip: SAINT CLOUD, FL 34771 City-St-Zip: SAINT CLOUD, FL 34771

Title: D () Delete Title: D (X) Change () Addition

Name: TOTARAH, RAY Name: TOTARAM, RAY

Address: 5825 EAST IRLO BRONSON MEMORIAL HWY Address: 5285 EAST IRLO BRONSON MEMORIAL HWY

City-St-Zip: SAINT CLOUD, FL 34771 City-St-Zip: SAINT CLOUD, FL 34771

I hereby certify that the information supplied with this filing does not qualify 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.

SIGNATURE: TEEK PERSAUD OFFI 04/25/2008