2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 14, 2004
Secretary of State

DOCUMENT# S41501

Entity Name: THE AXLE DOCTOR, INC.

Current Principal Place of Business:

6216 EAST BROADWAY
TAMPA, FL 33619

New Principal Place of Business:

Current Mailing Address:

6216 EAST BROADWAY
TAMPA, FL 33619

New Mailing Address:

FEI Number: 59-3056592 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NAVARRO, ALMA
6216 EAST BROADWAY AVE
TAMPA, FL 33619 US

Name and Address of New Registered Agent:

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:

Title: PD ( ) Delete
Name: NAVARRO, ROBERT,
Address: 2810 MISSOURI AVE
City-St-Zip: TAMPA, FL

Title: VP (X) Delete
Name: HAMSTRA, SHIRLEY A
Address: 12716 DAIREN PLACE
City-St-Zip: RIVERVIEW, FL 33569

Title: ST (X) Delete
Name: NAVARRO, ALMA K
Address: 5109 E DR MARTIN LUTHER KING JR BLVD
City-St-Zip: TAMPA, FL 33619

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: ALMA NAVARRO,
Address: 5109 E DR MARTIN LUTHER KING JR BLVD
City-St-Zip: TAMPA, FL 33619

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ALMA NAVARRO PD 05/14/2004

Electronic Signature of Signing Officer or Director — Date