

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S62810

FILED  
Feb 24, 2007  
Secretary of State

Entity Name: TRAIL AUTO ELECTRIC, INC.

## Current Principal Place of Business:

365 N. MILITARY TRAIL  
WEST PALM BEACH, FL 33415

## New Principal Place of Business:

## Current Mailing Address:

365 N. MILITARY TRAIL  
WEST PALM BEACH, FL 33415

## New Mailing Address:

FEI Number: 65-0267763

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

IKONOMIDIS, NIKOLOAS K.  
325 WAYMAN CIRCLE  
WEST PALM BEACH, FL 33413 US

## Name and Address of New Registered Agent:

IKONOMIDIS, NIKOLAOS K.  
325 WAYMAN CIRCLE  
WEST PALM BEACH, FL 33413 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: IKONOMIDIS NIKOLAOS

02/24/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: IKONOMIDIS, NIKOLOAS,  
Address: 325 WAYMAN CIRCLE  
City-St-Zip: WEST PALM BEACH, FL 33413

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: IKONOMIDIS, NIKOLAOS,  
Address: 325 WAYMAN CIRCLE  
City-St-Zip: WEST PALM BEACH, FL 33413

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.

SIGNATURE: IKONOMIDIS NIKOLAOS

PRS

02/24/2007

Electronic Signature of Signing Officer or Director

Date