2007 FOR PROFIT CORPORATION— ANNUAL REPORT (AR)

FILED Mar 23, 2007 08:00 A Secretary of State DOCUMENT # \$74031 . 1. Entity Name GEORGE'S PERFORMANCE AUTOMOTIVE, INC. Principal Place of Business Mailing Address 4510 62 AVE N 4510 62 AVE N PINELLAS PARK FL 33781 PINELLAS PARK FL 33781 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State Applied For 4. FEI Number 59-3109655 Not Applicable Zip Country 7_{in} Country \$8.75 Additional 5. Certificate of Status Dosired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Namo ANADIOTIS, GEORGE Street Address (P.O. Box Number is Not Acceptable) 4510 62 AVE N PINELLAS PARK FL 33781 City Zip Codo 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 familiar with, and accept the obligations of registered agent. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable, (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10, 11. Change Addition ш Delete 10101 ANADIOTIS, GEORGE NAM NAME 4510 62 AVE N STREET ADDRESS STREET ADDRESS PINELLAS PARK FL CHY-S1-ZIP CITY-ST-7/P UDDDDD676564^{\to} Change Addition Defete 1011 MILE. 03/30/07-80066-006 150.00 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP ☐ Delete Change Addition TITLE THE NAMI NAMI STREET ADORESS STREET ADDRESS CITY-ST-7/P CITY-ST-7IP ☐ Change Addition TIDE. ☐ Delete HILL NAMI NAMI STREET ADORESS STREET ADDRESS CHY-SI-7P CITY-SI-7IP □ Change Addition IIIUF ☐ Delete TIELE NAME NAME STREET ADDRESS STREET ADDRESS CHY-SI-7IP CITY-S1-7IP Change Addition TATLE Delete TOTAL NAME NAME STREET ADDRESS STRELF ADDRESS CITY - ST - ZIP CITY S1-7IP

SIGNATURE: SIGNATURE AND THE DOT OF PRINTEDWAME OF SIGNING OFFICE PLOT OF PRINTEDWAME OF SIGNING OFFICE PLOT

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida 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 eath; that I am an officer or director of the corporation or the receiver or trustee employeered 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 like employered.