


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2008 8:00 am
Secretary of State

04-29-2008 90075 015 ***150.00

DOCUMENT # S94212 1. Entity Name AUTO WORLD, INC.	
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Principal Place of Business P.O. BOX 2151 4274 S. ORLANDO DRIVE SANFORD, FL 32772-2151	Mailing Address P.O. BOX 2151 4274 S. ORLANDO DRIVE SANFORD, FL 32772-2151
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2. Principal Place of Business - No P.O. Box # 4185 S. Orlando Dr Suite, Apt. #, etc.	3. Mailing Address 4185 S. Orlando Dr Suite, Apt. #, etc.
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City & State Sanford FL 32773	City & State Sanford FL
Zip 32773	Country Semnole


04252008 Chg-P CR2E034 (12/06)

4. FEI Number 59-3094561	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent LARRY LINK 4274 S. ORLANDO DR. SANFORD, FL 32772	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 4/25/08
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FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LINK, LARRY 275 WOODRIDGE DR GENEVA, FL 32732 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LINK, CHERLY 275 WOODRIDGE DR GENEVA, FL 32732 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 like empowered.

SIGNATURE 	Larry Link Pres	DATE 4/25/08	DAYTIME PHONE # 407-324-5700
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