2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 09, 2007 08:00 A Secretary of State

ANNUAL REPORT			Jan 07, 2007 00.0	
DOCUMENT # V00495				Secretary of St
1. Entity Name ACCESSORY OVERHAUL GROUP, INC.				
ACCESSORY OVERHAUL GROUP, IN				
Principal Place of Business	Mailing Address			
12006-B MIRAMAR PKWY MIRAMAR, FL. 33025	12006-B MIRAMAR PKWY MIRAMAR, FL 33025			
MINAMAN, FL 33023	MIRAMAR, LE 33023		1 18811 911811 88111 88111 88818 18181 81	
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			01032007 No Chg-P	CR2E034 (11/05)
DO NOT WRITE	IN THIS SPA	CE	4. FEI Number	Applied For
			65-0341998	Not Applicable \$8.75 Additional
	****		5. Certificate of Status Desired	Fee Required
6. Name and Address of Current Re	gistered Agent			
QUALLEY, JOHN			DO NOT W	RITE
12006-B MIRAMAR PARKWAY MIRAMAR, FL 33025				
			IN THIS SF	ACE
8. The above named entity submits this statement for the	e purpose of changing its register	red office or register	ed agent, or both, in the State of Fl	orida. I am familiar with, and accept
the obligations of registered agent.				
SIGNATURE Spinature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required			when re-natating)	DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	Selection Campaign Final Trust Fund Contribution		.00 May Be ed to Fees	
10. OFFICERS AND DI	RECTORS			
NAME QUALLEY, JOHN				
STREET ADDRESS 12006-B MIRAMAR PARKWAY				
CITY-ST-ZIP MIRAMAR, FL 33025		-		
TITLE S NAME QUALLEY, ANNETTE			U00000	579434 80006-024 150.00
STREET ADDRESS 12006-B MIRAMAR PARKWAY		1 100	01/10/01-	0000007024 130.00
CITY-ST-ZIP MIRAMAR, FL 33025				
TITLE NAME				
STREET ADDRESS			DO NOT W	DITE
CITY-ST-ZIP			and the state of t	331 a 1 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3
TITLE NAME			IN THIS SE	PACE
STREET ADDRESS				
CITY-ST-ZIP				
TITLE NAME		2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
STREET ADDRESS				
CITY-ST-ZIP				

12. I hereby cortify that the information supplied with this filling 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 any address with all other like of powered.

SIGNATURE:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MANUSCA WELF TO HA QUALLELY
USINATURE AND PEPED OR PRINTED NAME OF SURFIGER OR DIRECTOR

1/3/07

954-442-3003