2007 FOR PROFIT CORPORATION

ANNUAL REPORT (AR) FILED Apr 02, 2007 08:00 AM Secretary of State DOCUMENT # V03589 RICHARD'S AUTOMOTIVE, INC. Principal Place of Business Mailing Address 4533 SUNBEAM RD 4533 SUNBEAM RD. JACKSONVILLE FL 32257 US JACKSONVILLE FL 32257 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 59-3103409 Not Applicable Zip Country Zιɒ Country \$8.75 Additional 5. Cortificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Namo BOOTH, RICHARD C Street Address (P.O. Box Number is Not Acceptable) 4533 SUNBEAM RD STE 701 JACKSONVILLE FL 32257 Zip Codo City 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 Signature, typed or printed frame of registered agent and tribin applicable. (NOTE: Registered Agent signature required when rehistating) DATE 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 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 BILL ☐ Delete ☐ Change Addition BOOTH, RICHARD C NAME NAMI 9339 CRAVEN RD STRUT ADDRESS STREET ADDRESS JACKSONVILLE FL CITY-ST-ZIP CITY-SI-7IP THIC ☐ Defete 1010 Change Addition U00000686389 04/09/07-80043 NAME NAME STREET ADDRESS -018 150.00 STREET ADDRESS CHY-SI-ZIP CHY-SI-7IP TETLE Delete HUE. ☐ Change ☐ Addition NAMI NAM STOLET ADDRESS STREET ADDRESS CITY-SI-7IP CITY-SI-7IP ☐ Delete mu: □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete HHE Change Addition NAME NAME STREET ADDRESS STREEL ADDRESS CITY-SI-ZIP CITY-ST-ZIP THE Delete IIII. ☐ Change ☐ Addition NAMI' NAME:

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 logal effect as if made under eath; 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.

STREET ADDRESS

CHY-SI-7IP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNING OFFICER OR DIRECTOR

3300) 9041316972