2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

Mar 12, 2007 8:00 am Secretary of State DOCUMENT # V05217 03-12-2007 90367 009 ***150.00 1. Entity Name CLEAN AIR FUEL-INJECTION SERVICE, INC. Principal Place of Business Mailing Address 1141 HOLLAND DRIVE 1141 HOLLAND DRIVE SUITE 24 SUITE 24 BOCA RATON, FL 33487 BOCA RATON, FL 33487 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01242007 Chq-P CR2E034 (12/06) City & State City & State Applied For 4. FEI Number 65-0319083 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BAHL, WILLIAM L 1141 HOLLAND DRIVE Street Address (P.O. Box Number is Not Acceptable) SUITE 24 BOCA RATON, FL 33487 City Zip Code FL 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 name of registerers agent and little if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Delete TITLE HILLE Change Addition NAME **ESS** 5374 MONTERPY CIRC #97 STREET ADDRESS DELRAY BEACH, FL 33484 CITY-ST-ZIP TITLE D TITLE Delete □ Change ☐ Addition WILLIAMS, BAHL L JR NAME NAME STREET ADDRESS 2841 SW 22ND AVE STREET ADDRESS LIGHTHOUSE POINT, FL 33064 CITY-ST-ZIP CITY ST-ZIP TILLE Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY ST ZIP TITLE Delete Jillik Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY ST ZIP CITY ST-ZIP Delete TITLE BILL ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST-ZIP CITY ST-ZIP TITLE Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST ZIP I hereby certify that the information indicated on this report or supple supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information ental 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 trustee empowered to execute this report at required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 of the corporation or the receiver changed, or on an attachment SIGNATURE:

FILED