


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90253 032 ***150.00

DOCUMENT # V47774	
1. Entity Name DANDY WHEELS, INC.	

Principal Place of Business 1122 S. SR 7 SUITE 210 NORTH LAUDERDALE, FL 33068 US	Mailing Address 8360 W. OAKLAND PARK BLVD SUITE 210 SUNRISE, FL 33351 US
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94072769



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

04212004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent MREJEN, ARIE (P.A) 701 W CYPRESS CREEK RD SUITE 302 FT LAUDERDALE, FL 33309	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
DATE _____	

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KADOCH, DAVID	NAME	Kadoch, Michael
STREET ADDRESS	1250 NW FLAMINGO RD	STREET ADDRESS	1250 NW Flamingo Rd.
CITY-ST-ZIP	PLANTATION, FL	CITY-ST-ZIP	Plantation, FL
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DT	NAME	Barre, Scott
STREET ADDRESS	12700 N. BISCAYNE BLVD, #202	STREET ADDRESS	7252 Copperfield Circle
CITY-ST-ZIP	NORTH MIAMI, FL	CITY-ST-ZIP	Lake Worth, FL 33467
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MDP	NAME	Forester, Bruce
STREET ADDRESS	1431 SW 82 AVE	STREET ADDRESS	4045 Sheridan Ave
CITY-ST-ZIP	PLANTATION, FL	CITY-ST-ZIP	North Miami, FL
TITLE	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DV	NAME	
STREET ADDRESS	YEHODA, BEN HORIN	STREET ADDRESS	
CITY-ST-ZIP	21321 NE 19TH AVENUE	CITY-ST-ZIP	
	NORTH MIAMI BEACH, FL 33179		
TITLE	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D	NAME	
STREET ADDRESS	BARRE, SCOTT	STREET ADDRESS	
CITY-ST-ZIP	4032 STAGHORN LANE	CITY-ST-ZIP	
	WESTON, FL 33331		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.	
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SIGNATURE: <u>Bruce Forester</u>	26 APRIL 2004	954-749-2030 X-161
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Daytime Phone #</small>