2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000131152

Entity Name: A1 AUTO UPHOLSTERY, INC.

FILED Jul 10, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

173 PARK DRIVE 799 N BEAL PARKWAY SUITE D

FT WALTON BEACH, FL 32548 FT WALTON BEACH, FL 32547

Current Mailing Address: New Mailing Address:

173 PARK DRIVE 799 N BEAL PARKWAY

FT WALTON BEACH, FL 32548 SUITE D

FT WALTON BEACH, FL 32547

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

FEI Number: 06-1669660 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HUGHES, ROBERT HUGHES, ROBERT 173 PARK DRIVE 799 N BEAL PARKWAY

FORT WALTON BEACH, FL 32548 US SUITE D FORT WALTON BEACH, FL 32547 US

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.

SIGNATURE: 07/10/2007

> Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

() Delete Title: (X) Change () Addition

Title: HUGHES, ROBERT E JR HUGHES, ROBERT E JR Name: Name: 173 PARK DRIVE 799 N BEAL PARKWAY Address: Address: City-St-Zip: FT WALTON BEACH, FL 32548 City-St-Zip: FT WALTON BEACH, FL 32547

Title: Title: (X) Change () Addition () Delete Name: HUGHES, JUDY A Name: HUGHES, JUDY A

173 PARK DRIVE 799 N BEAL PARKWAY Address: Address: FT WALTON BEACH, FL 32548 FT WALTON BEACH, FL 32547 City-St-Zip: City-St-Zip:

Title: Title: (X) Change () Addition SD () Delete SD

HUGHES, ROBERT E Name: HUGHES, ROBERT E Name: 173 PARK DRIVE 799 N BEAL PARKWAY Address: Address: City-St-Zip: FT WALTON BEACH, FL 32548 City-St-Zip: FT WALTON BEACH, FL 32547

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT HUGHES SD 07/10/2007