2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 17, 2006 8:00 am Secretary of State

DOCUMENT # 151328 1. Entity Name HOLMAN AUTOMOTIVE, INC.						01-17-2006 90	0247 039 ***1	58.75	
Principal Place of Business 12 E. SUNRISE BLVD. FT LAUDERDALE, FL 33304		Mailing Address 12 E. SUNRISE BLVD. FT LAUDERDALE, FL 33304		11000011000	81/97 1/6 72 1/1/6 7/661 18/1	eran alan erak alah bi	III BRUMBU H YANI		
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01122006	Chg-P	CR2E034 (11/	05)		
City & State		City & State		4. FEI Number 59-0573			Applied For Not Applicable		
Zip	Country	Zip	Country		5. Certificate of	of Status Desired	□ \$8.75 Fee Re	Additional quired	
	6. Name and Address of Current	Registered Agent			7. Name and	Address of New R	egistered Agent		
GARDNER, GLENN					Name				
911 N.E. SECOND AVE. FT. LAUDERDALE, FL 33304				Street Address (P.O. Box Number is Not Acceptable)					
				Oth				<u> </u>	
The above named entity submits this statement for the purpose of changing its register			City			FL :	Code		
	named entity submits this statement to ions of registered agent.	r the purpose of changing its i	registere	ea office or regis:	tered agent, or both	i, in the State of Flo	orida. I am familiar	with, and accept	
SIGNATURE_	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE:	: Registere	d Agent signature requi	ired when reinstating)		DATE		
FILI After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.0	9. Election Campaig Trust Fund Contri			5.00 May Be dded to Fees				
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/0	CHANGES TO OFF	ICERS AND DIREC	TORS IN 11	
TITLE	PD	☐ Delete	TITLE	E 7	RESIDEN	Г	☑ Cha	nge 🔲 Addition	
NAME	GARDNER, G. A		NAM	·	MINDY A	LOLMAN			
STREET ADDRESS CITY-ST-ZIP	911 NE 2ND AVENUE FT LAUDERDALE, FL 33304			ET ADDRESS -ST-ZIP	911 N.E F+.LAUD	⊒ ave. . A:.	٥d		
TITLE	EVP	☐ Delete	TITLE	,	lice DRES	DENT	⊊/ Cha	inge	
NAME	MAGGIO, JOHN G 2316 N.W. 67 STREET		NAM	1 1	GLENN GA 911 N.E. 3				
STREET ADDRESS CITY-ST-ZIP	BOCA RATON, FL 33496			ET ADDRESS -ST-ZIP	FH.LAUD	FL 323	ાન		
TITLE	ST	☐ Delete	TITLI		LSST. SEC	ITRES	☑ Cha	inge Addition	
NAME STREET ADDRESS	RANKIN, GAYE B		NAM	ET ADDRESS					
CITY-ST-ZIP	FT LAUDERDALE, FL 33316			-ST-ZIP					
			_						
TITLE	AS	☐ Delete	TITL		CLETAR	1	☑ Cha	inge 🔲 Addition	
NAME	MULLIN, K A	☐ Delete	NAM	Œ	CLETAR	4	∠ Cha	inge L. Addition	
		☐ Delete	NAM Stre		ECCETAR		∠ Cha	Inge [] Addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE	MULLIN, K A 7411 MAPLE AVENUE PENNSAUKEN, NJ 08109 VP	☐ Delete	NAM STRE CITY TITLE	EET ADDRESS '-ST-ZIP	REASULE	<u>. </u>	GZ Chi		
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	MULLIN, K A 7411 MAPLE AVENUE PENNSAUKEN, NJ 08109 VP CARISS, W J		NAM STRE CITY TITLI NAM	EET ADDRESS '-ST-ZIP E	REASULE R.L. CAM	L PBE7L			
NAME STREET ADDRESS CITY-ST-ZIP TITLE	MULLIN, K A 7411 MAPLE AVENUE PENNSAUKEN, NJ 08109 VP		NAM STRE CRY TITLI NAM STRE	EET ADDRESS 7-ST-ZIP E RET ADDRESS FEET ADDRESS	REASULE	e PBEIL DD AVE	⊊ Z′ch		
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	MULLIN, K A 7411 MAPLE AVENUE PENNSAUKEN, NJ 08109 VP CARISS, W J 7411 MAPLE AVENUE		NAM STRE CRY TITLI NAM STRE CRY	EE FET ADDRESSST-ZIP EE FET ADDRESSST-ZIP E	REASULE R.L. P.AM III N.E.2A	e PBEIL DD AVE	⊊ Z′ch	ange Addition	
NAME STREET ADORESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	MULLIN, K A 7411 MAPLE AVENUE PENNSAUKEN, NJ 08109 VP CARISS, W J 7411 MAPLE AVENUE	☐ Delete	NAMM STRE CRYY TITLI NAMM STRE CRYY TITLI NAMM	EE TADDRESSST-ZIP EET ADDRESS -ST-ZIP EET ADDRESSST-ZIP E	REASULE R.L. P.AM III N.E.2A	e PBEIL DD AVE	Ç∕ch	ange 🔲 Addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MULLIN, K A 7411 MAPLE AVENUE PENNSAUKEN, NJ 08109 VP CARISS, W J 7411 MAPLE AVENUE	☐ Delete	NAM STRE CITY TITLI NAM STRE CITY TITLI NAM STRE	EE FET ADDRESSST-ZIP EE FET ADDRESSST-ZIP E	REASULE R.L. P.AM III N.E.2A	e PBEIL DD AVE	Ç∕ch	ange 🔲 Addition	

12. Thereby certify that the information supplied with this liting does not qualify for the exemptions contained in Chapter 119, Florida Statutes. 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.

SIGNATURE:

ABRILLE OF BUILDING OF SIGNING OFFICE OF DIRECTOR

1/12/06 954-335-2040