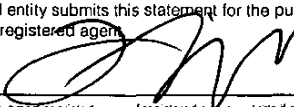
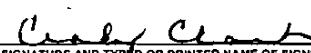


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2006 8:00 am
Secretary of State

04-21-2006 90094 029 ****61.25

DOCUMENT # 748908					
1. Entity Name FLORIDA AUTOMOBILE DEALERS ASSOCIATION					
Principal Place of Business 400 NORTH MERIDIAN STREET TALLAHASSEE, FL 32301			Mailing Address 400 NORTH MERIDIAN STREET TALLAHASSEE, FL 32301		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
SMITH, THEODORE L TED 400 NORTH MERIDIAN STREET TALLAHASSEE, FL 32301				- 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 				DATE	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PC	<input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GHIOTO, RALPH III			NAME	
STREET ADDRESS	4400 DALE MABRY HWY			STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 33622			CITY-ST-ZIP	
TITLE	C	<input type="checkbox"/> Delete		TITLE	Previous Chairman <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLLEY, MICHAEL			NAME	
STREET ADDRESS	1025 US HWY 98 SOUTH			STREET ADDRESS	
CITY-ST-ZIP	LAKELAND, FL 33802			CITY-ST-ZIP	
TITLE	CE	<input type="checkbox"/> Delete		TITLE	Chairman <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLARK, CINDY			NAME	
STREET ADDRESS	PO BOX 70			STREET ADDRESS	
CITY-ST-ZIP	WILDWOOD, FL 34785			CITY-ST-ZIP	
TITLE	ST	<input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AVILA, RALPH			NAME	
STREET ADDRESS	2421 W TENNESSEE ST			STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE, FL 32304			CITY-ST-ZIP	
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	
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 exemptions contained 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 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 617, 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: 				4-18-06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date	
				Daytime Phone #	