2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 22, 2006 8:00 am Secretary of State DOCUMENT # P05000033650 02-22-2006 90014 046 ***150.00 STRICKLAND AUTO SOLUTIONS, INC. Principal Place of Business Mailing Address 12851 N.W.87TH CT 12851 N.W.87TH CT CHIEFLAND FL 32626 CHIEFLAND FL 32626 2. Principal Place of Business 3. Mailing Address Suite. Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 20-2454916 Not Applicable Zip Country Zip 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 STRICKLAND, DAVID W Street Address (P.O. Box Number is Not Acceptable) 12851 N.W.87TH CT. CHIEFLAND FL 32626 City 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. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE TITLE Defete ☐ Change NAME STRICKLAND, DAVID W NAME STREET ADDRESS 12851 N.W.87TH CT. STREET ADDRESS CITY-ST-ZIP CHIEFLAND FL 32626 CITY-ST-ZIP TITLE ☐ Defete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7iP CITY-ST-ZIP ☐ Delete Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE 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 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 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.

FILED

SIGNATURE: ME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #