2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 01, 2006 08:00 A Secretary of State DOCUMENT # P94000069516 EXPRESSWAY USED AUTO PARTS, INC. Mailing Address Principal Place of Business 3975 118TH AVE NORTH 9968 119TH WAY N CLEARWATER, FL 33762 SEMINOLE, FL 33772 04292006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3268323 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent COHN, RONALD B DO NOT WRITE 705 W AZEELE ST IN THIS SPACE TAMPA, FL 33606 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE RUBENSTEIN, RICHARDS S NAME STREET ADDRESS 9968 119TH WAY N CITY-ST-ZIP SEMINOLE, FL U00000554323 TITLE 05/15/06-80088-010 150.00 RUBENSTEIN, JOAN STREET ADDRESS 9968 119TH WAY NORTH CITY-ST-ZIP SEMINOLE, FL TITLE RUBENSTEIN, RICHARD M. NAME STREET ADDRESS 9968 119TH WAY NORTH DO NOT WRITE CITY -ST-ZIP SEMINOLE, FL IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP TITLE

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 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:

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR