


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90301 020 \*\*\*150.00

|   |                          |                                 |   |   |  |
|---|--------------------------|---------------------------------|---|---|--|
| <b>DOCUMENT # P97000057487</b>  |                          |                                 |   |  |  |
| 1. Entity Name<br><b>AUTO ARCADE, INC.</b>  |                          |                                 |   |   |  |
| Principal Place of Business<br><b>7650 CONGRESS ST<br/>NEW PORT RICHEY FL 34653</b>   |                          |                                 | Mailing Address<br><b>7650 CONGRESS ST<br/>NEW PORT RICHEY FL 34653</b>   |   |  |
| 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<br><br><b>AMERILAWYER CHARTERED<br/>343 ALMERIA AVENUE<br/>CORAL GABLES FL 33134</b>  |                          |                                 |   | 7. Name and Address of New Registered Agent                                       |  |
|   |                          |                                 |   | Name  |  |
|   |                          |                                 |   | Street Address (P.O. Box Number is Not Acceptable)                                |  |
|   |                          |                                 |   | City  |  |
|   |                          |                                 |   | <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____   |                          |                                 |   |   |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2004 Fee will be \$550.00</b><br><b>Make Check Payable to Florida Department of State</b>   |                          |                                 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees |   |  |
| 10. OFFICERS AND DIRECTORS  |                          |                                 | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11   |   |  |
| TITLE   | PSTD                     | <input type="checkbox"/> Delete | TITLE   | PSTD  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  | CASSELLA, CHARLES W      |                                 | NAME  | Cassella Charles W  |  |
| STREET ADDRESS  | 2975 CYPRESS LAKES COURT |                                 | STREET ADDRESS  | 8321 Kabardin CT.   |  |
| CITY-ST-ZIP   | TARPON SPRINGS FL 34689  |                                 | CITY-ST-ZIP   | Trinity FL 34655  |  |
| 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   |   |  |
| 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 exemption stated in Section 119.07(3)(i), 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: <i>Charles W Cassella</i>  |                          |                                 | Date: <i>4/17/04</i> Daytime Phone #: <i>727-849-4486</i>   |   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  |                          |                                 |   |   |  |

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MOORE CR2E034 (11/03)