


**2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**May 02, 2006 8:00 am**  
**Secretary of State**

05-02-2006 90221 033 \*\*\*150.00

<b>DOCUMENT # S57768</b> 1. Entity Name A.D.E. AUTO CENTER, INC.	
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Principal Place of Business 2005 S. ADAMS TALLAHASSEE FL 32301	Mailing Address 2005 S. ADAMS TALLAHASSEE FL 32301
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2. Principal Place of Business <i>A. D. E. Auto Center Inc</i>	3. Mailing Address
Suite, Apt. #, etc. <i>4786-B Woodlane Circle</i>	Suite, Apt. #, etc.

1st MOORE CR2E034 (10/05)

City & State <i>Tallahassee, Florida</i>	City & State
Zip <i>32303</i>	Country <i>U.S.</i>

4. FEI Number <b>59-3065903</b>	Applied For <input type="checkbox"/> Not Applicable
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6. Name and Address of Current Registered Agent  <b>AVERETTE, RICHARD P</b> 2005 S. ADAMS STREET TALLAHASSEE FL 32301	
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD AVERETTE, RICHARD P 4573 AUTUMN WOODS WAY TALLAHASSEE FL	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD GROOVER, JAMES L P.O. BOX 766, N/A MADISON FL	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>

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.

SIGNATURE: *James L. Groover* **James L. Groover** *4/24/06* **850-222-0959**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #