2006 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 14, 2006 08:00 Al Secretary of State **DOCUMENT #331966** AUTÓMOTIVE WAREHOUSE INC, OF LAKELAND Principal Place of Business Mailing Address 611 ALICIA RD 611 ALICIA RD LAKELAND, FL 33801 LAKELAND, FL 33801 03202006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-1268161 Not Applicable The state of the s \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent TOMPKINS, JOHN **DO NOT WRITE** 1693 MAHAFFEY CIRCLE LAKELAND, FL 33811 IN THIS SPACE 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, 1 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) U00000511737^M \$5.00 Harry / 06-80062-003 150.00 M 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS 10, TOLE NAME TOMPKINS, JOHN A. 2004 ROXBURGH LN STREET ADDRESS CITY-ST-ZIP LAKELAND, FL 33813 TITLE MANIE STREET ADDRESS CITY-ST-ZIP THLE STREET ADDRESS DO NOT WRITE City-ST-ZiP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP

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Alm John Tohn Tampkins 3/10/06 863-712-0832

BIGNATURE AND TYPED OF PRINTED NAME OF PIGNING OFFICER OR DIRECTOR STATES TO Date Dayling Proportion A

12. I hereby certify that the information supplied with this filling 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 addrese, with all other like empowered.

SIGNATURE: