



2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006 8:00 am
Secretary of State

01-17-2006 90257 008 ***150.00

DOCUMENT # 389055 1. Entity Name AUTOLAND, INC.					
Principal Place of Business 9805 S.E. FEDERAL HIGHWAY HOBE SOUND, FL 33455				Mailing Address 9805 S.E. FEDERAL HIGHWAY HOBE SOUND, FL 33455	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 717 SE 5th Street			
City & State		City & State Stuart, FL			
Zip		Zip 34994			
Country		Country USA			
4. FEI Number 59-1363625				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CONEY, CHARLES H., JR. 8440 DHARLYS ST HOBE SOUND, FL 33455				7. Name and Address of New Registered Agent Name Sonia M. Pawluc Street Address (P.O. Box Number is Not Acceptable) 717 SE 5th Street City Stuart FL Zip Code 34994	
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 <u><i>Sonia M. Pawluc</i></u> DATE 01-13-06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVD CONEY, CHARLES H., JR 8440 DHARLYS ST HOBE SOUND, FL 33455	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD Sonia M. Pawluc 717 SE 5th Street Stuart, FL 34994	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u><i>Sonia M. Pawluc</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			01-13-06 (772) 463-2600 <small>Date Daytime Phone #</small>		