2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006 08:00 AM
Secretary of State

ANNUAL REPURI				Converteurs of Clarks
1. Entity Name	MENT # 429526 AUTOMOTIVE, INC.			Secretary of State
Principal Place 162 NORTH E ARCADIA, FL	BREVARD AVENUE	Mailing Address 162 N BREVARD AVE ARCADIA, FL 34266 US	*	
			<u>.</u>	
Đ	O NOT WRITE	IN THIS SPA	CE	01032006 No Chg-P CR2E034 (11/05) 4. FEI Number Applied For 59-1478080 Not Applicab 5. Certificate of Status Desired
8. Name and Address of Current Registered Agent QUAVE, CHARLES R 162 N BREVARD AVENUE ARCADIA, FL 34266				DO NOT WRITE 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 Plorida. I am familiar with, and accept the obligations of registered agent.				
SIGNATURE Signature, typed or printed name of registered agent and site if applicable (INDTE Registered Agent signature required when reinstating) — DATE				
FILE NOW!!! FEE IS \$150.80 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financin Trust Fund Contribution				5.00 May Be ided to Feas
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND I STP QUAVE, CHARLES PO BOX 391 ARCADIA, FL 342650391	DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	•			//00000387426 01/19/06-80040-004 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZP				DO NOT WRITE
NAME STREET ADDRESS CITY-ST-ZIP				IN THIS SPACE
DITLE NAME STREET ADDRESS CITY -ST - ZIP			e.	
TITLE NAME STREET ADDRESS CITY-SI-ZIP				

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. Florida Statutes 1 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 direction 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 changed, or on an attachment with an address, with all other like empowered

SIGNATURE SIGNATURE AND TYPED OF PRINTED MANE OF SIGNING OFFICER OR DIRECTOR

11206 867.484-329 Dayline Prone #