2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 03, 2006 08:00 AM **DOCUMENT # 470456 Secretary of State** 1. Entity Name OTMAR'S GERMAN MOTOR CARS, INC. Principal Place of Business Malling Address 1242 N LIME AVENUE SARASOTA FL 34327 1242 N LIME AVENUE SARASOTA FL 34327 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 59-1597070 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name JUNEMANN, OTMAR 532 JUAN ANASCO DR. Street Address (P.O. Box Number is Not Acceptable) LONGBOAT KEY FL 34228 Zio Code 5. 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 primed name of registered agent and life if applicable (NOTE Registered Agent signature required when re-installing) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550,00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 717) F ☐ Delete DILE ☐ Change ☐ Addition NAME JUNEMANN, OTMAR NAME STREET ADDRESS U00000419926 532 JUAN ANASCO DRIVE STREET ADDRESS CITY-ST-ZIP LONGBOAT KEY FL City-St-ZiP 02/15/06-80024-024 150.00 TITLE ☐ Delete TITLE Change Addition MAME JUNEMANN, ELSE STREET ADDRESS 532 JUAN ANASCO DRIVE STREET ADDRESS CITY-ST-ZIP LONGBOAT KEY FL CITY-ST-ZIP TITLE Octets 7616 F ☐ Charge Addition NAME STREET ADDRESS STREET ADDRESS EITY-ST-ZIP CHTY-ST-ZIP DITE Delete TETLE ☐ Change Addition | NAMO MAME STREET ADDRESS STREET AGORESS CITY-ST-ZIP CITY-ST-ZIP HIME ☐ Delete TITLE Change Addition | NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST- ZIP TITLE ☐ Delete TIKE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certily that the information supplied with this filing does not quality 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 it 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: Kowa? Lowerence

OTHER JUNEMANN

1/26/06 (941) 36612470

FILED