2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2006
Secretary of State

DOCUMENT# 557622

Entity Name: TRI-CITY AUTO REPAIR INC.

Current Principal Place of Business:

309 GREEN ACRES ROAD
FT WALTON BEACH, FL 32547

New Principal Place of Business:

Current Mailing Address:

309 GREEN ACRES ROAD
FT WALTON BEACH, FL 32547

New Mailing Address:

FEI Number: 59-1787958 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

MCINTOSH, BRUCE
200 LINCOLN DRIVE
FT. WALTON BEACH, FL 32548 US

Name and Address of New Registered Agent:

MCINTOSH, BRUCE
9506 BONE BLUFF DRIVE
NAVARRE, FL 32566 US

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.

SIGNATURE: _____ 01/19/2006
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: ST ( ) Delete
Name: MCINTOSH, JEWEL,
Address: 200 LINCOLN DR.
City-St-Zip: FT WALTON BEACH, FL

Title: P ( ) Delete
Name: MCINTOSH, BRUCE
Address: 200 LINCOLN DR
City-St-Zip: FORT WALTON BEACH, FL 32547

Title: V ( ) Delete
Name: MCINTOSH, CRAIG
Address: 1509 E PONDEROSA RD
City-St-Zip: FORT WALTON BEACH, FL 32547

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: V (X) Change ( ) Addition
Name: MCINTOSH, JEWEL,
Address: 200 LINCOLN DR.
City-St-Zip: FT WALTON BEACH, FL 32547

Title: P (X) Change ( ) Addition
Name: MCINTOSH, BRUCE
Address: 9506 BONE BLUFF DRIVE
City-St-Zip: NAVARRE, FL 32566

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ST ( ) Change (X) Addition
Name: MCINTOSH, CATHERINE S
Address: 9506 BONE BLUFF DRIVE
City-St-Zip: NAVARRE, FL 32566

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRUCE MCINTOSH P 01/19/2006
Electronic Signature of Signing Officer or Director — Date