

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 16, 2006 08:00 AM**  
**Secretary of State**



<b>DOCUMENT # 660620</b>				<b>1. Entity Name</b>	
GREAT AMERICAN AUTOMATICS, INC.					
<b>Principal Place of Business</b>			<b>Mailing Address</b>		
1820 PEBBLE PATH VERO BEACH FL 32963 US			P O BOX 150 WABASSO FL 32970 US		
<b>2. Principal Place of Business</b>			<b>3. Mailing Address</b>		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
<b>6. Name and Address of Current Registered Agent</b>				<b>7. Name and Address of New Registered Agent</b>	
AVCHEN, BARNEY B. 1840 WEST 49TH ST., 226 PALM SPRINGS CNTR. HIALEAH FL 33012				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	FL Zip Code
<b>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.</b> SIGNATURE: <i>[Signature]</i> <span style="float: right;">5/13/06</span> <small>(NOTE: Registered Agent signature required when (c)(3)(b)(i)-(g))</small>					

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing** **\$5.00** May Be  
 Trust Fund Contribution.  **Added to Fees**

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KENWORTHY, JAMES W			NAME			
STREET ADDRESS	1820 PEBBLE PATH			STREET ADDRESS			
CITY-ST-ZIP	VERO BEACH FL 32963			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

U00000435729  Change  Addition  
 02/27/06-80003-019 150.00

**12. I hereby certify that the information supplied with this filing does not qualify 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 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:** *[Signature]* **JAMES W. KENWORTHY** 2/13/06 772-388