2006 FOR PROFIT CORPORATION

Aug 03, 2006 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT #F05000003371** 08-03-2006 90003 017 ***150.00 1. Entity Name AUTO INTERNET FINANCE, INC. Principal Place of Business Mailing Address 50024084 109 TWELVE OAKS LANE, SUITE 101 109 TWELVE OAKS LANE, SUITE 101 PONTE VEDRA BEACH, FL 32082 PONTE VEDRA BEACH, FL 32082 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 07192006 CR2E034 (11/05) City & State City & State 20-3259338 Applied For 4. FEI Number Not Applicable Country 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 DAVIDOW, JAMES L Street Address (P.O. Box Number is Not Acceptable) 109 TWELVE OAKS LANE, SUITE 101 PONTE VEDRA BEACH, FL 32082? City Zip Code 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Trust Fund Contribution. Added to Fees Due by September 6, 2006 OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME DAVIDOW, JAMES L 54 NAME 109 TWELVE OAKS LANE, SUITE 101 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PONTE VEDRA BEACH, FL 32082 CITY-ST-ZIP ☐ Change TITLE Delete ☐ Addition CUEVAS, PAUL NAME NAME STREET ADDRESS 18153 EAST PETROLEUM DRIVE STREET ADDRESS CITY-ST-ZIP BATON ROUGE, LA 70809 CITY-ST-ZIP TITLE Delete Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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.

STREET ADDRESS CITY-ST-ZIP

TITLE NAME

SIGNATURE:

TITLE

NAME STREET ADDRESS

CITY-ST-ZIP

JAWS L. DAVIDOW, CEO

☐ Delete

(904) 280-0601

☐ Change

☐ Addition

FILED