

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 01, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F22978</b> 1. Entity Name PRINCIPE USED CARS, INC.			
Principal Place of Business 2726 N MAIN ST JACKSONVILLE, FL 32206		Mailing Address 2726 N MAIN ST JACKSONVILLE, FL 32206	
<b>DO NOT WRITE IN THIS SPACE</b>			
		 04272006 No Chg-P CR2E034 (11/05)	
		4. FEI Number 59-2235321 Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  PRINCIPE, RICHARD A 2726 MAIN ST JAX, FL 32208		<b>DO NOT WRITE IN THIS SPACE</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			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		 05/15/06-80023-021 150.00 <b>DO NOT WRITE IN THIS SPACE</b>	
TITLE PD NAME PRINCIPE, RICHARD A STREET ADDRESS 2726 MAIN ST CITY-ST-ZIP JACKSONVILLE, FL			
TITLE VT NAME PRINCIPE, JOELLEN STREET ADDRESS 2726 MAIN ST CITY-ST-ZIP JACKSONVILLE, FL			
TITLE VSD NAME SCYLES, BUSH STREET ADDRESS 2726 MAIN ST CITY-ST-ZIP JACKSONVILLE, FL			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing 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.			
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 4/28/06 Daytime Phone	