

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**


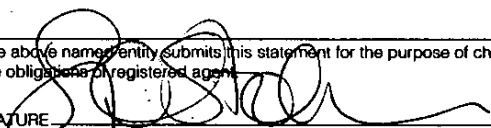
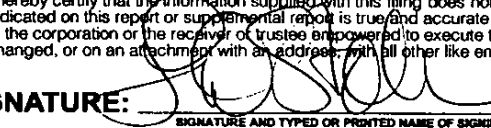
FILED
Jan 25, 2007 8:00 am
Secretary of State

01-25-2007 90037 008 ***150.00

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01232007 Chg-P CR2E034 (12/06)

DOCUMENT # F47660				
1. Entity Name D & M USED CARS, INC.				
Principal Place of Business P.O. BOX 3811 PANAMA CITY, FL 32401 US		Mailing Address P.O. BOX 3811 PANAMA CITY, FL 32401 US		
2. Principal Place of Business - No P.O. Box # 2523 BUS. 918		3. Mailing Address PO Box 984		
City, Apt. #, etc. Panama City FL		City, Apt. #, etc. Panama City, FL		
City & State		City & State		
Zip 32401	Country USA	Zip 32402	Country	
6. Name and Address of Current Registered Agent STOKES, LAURA D 4616 PARK ST PARKER, FL 32404			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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  DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PVPS STOKES, LAURA D PO BOX 3845 PANAMA CITY, FL 32401 <input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T STOKES, LAURA D PO BOX 3845 PANAMA CITY, FL 32401 <input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PO Box 1014 Panama City FL 32402 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PO Box 1014 Panama City FL 32402 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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:  1-23-07 763-8157 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>				