2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

May 02, 2006 8:00 am Secretary of State DOCUMENT # F93000000322 05-02-2006 90420 048 ***150.00 TAYLOR PARTS OF DEFUNIAK, INC. Principal Place of Business Mailing Address 2635 MILLBROOK ROAD 2635 MILLBROOK ROAD RALEIGH, NC 27604 RALEIGH, NC 27604 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04142006 CR2E034 (11/05) Chg-P City & State City & State 4. FEI Number Applied For 59-3155025 Not Applicable Country Zip Country Zip \$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 THE PRENTICE-HALL CORPORATION SYSTEM, INC. Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET **SUITE 105** TALLAHASSEE, FL 32301 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 SIGNATURE. Signature, typed or printed name of registered agent and tifle if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. VD TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME GARDNER, JOHN NAME STREET ADDRESS STREET ADDRESS 2635 MILLBROOK ROAD CITY-ST-ZIP RALEIGH, NC 27604 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ■ Addition NAME LAVRACK, WAYNE NAME STREET ADDRESS 2635 MILL BROOK ROAD STREET ADDRESS RALEIGH, NC 27604 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition GUIRLINGER, RICHARD B NAME NAME STREET ADDRESS 2635 MILLBROOK ROAD STREET ADDRESS CITY-ST-ZIP RALEIGH, NC 27604 CITY-ST-ZIP Addition TITLE ☐ Delete TITLE ☐ Change Felman, James S. 2635 Millibrook Rd NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP abion NC 27604 ☐ Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST- ZIP Delete ☐ Change ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. Thereby 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.

SIGNATURE:

NG OFFICER OR DIRECTOR

Daytime Phone #

FILED