2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 12, 2006 08:00 AM Secretary of State DOCUMENT # G85222 1. Entity Name ADVANCED BRAKE & ALIGNMENT SPECIALTIES, INC. Principal Place of Business _Mailing Address 555 NORTH HIGHWAY 17 & 92 555 NORTH HIGHWAY 17 & 92 LONGWOOD FL 32750 LONGWOOD FL 32750 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) Applied For City & State 4. FEI Number City & State 59-2388066 Not Applicate Country \$8.75 Additional Zio Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SCHMIDT, DONALD R Street Address (P.O. Box Number is Not Acceptable) 555 N. HWY 17 & 92 LONGWOOD FL 32750 Zia Code City 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 neare of registered agent and title if applicable (MOTE: Registered Agent signature required when reinstaling) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 8. Election Campaign Financing \$5.00 May 8: Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. ☐ Change ☐ Adding THILE ☐ Delete TITLE NAME SCHMIDT, DONALD R NAME U00000503804 STREET ADDRESS STREET ADDRESS 555 N HWY 17 & 92 04/26/06-80044-022 150.00 CITY-ST-ZIP LONGWOOD FL 32750 CITY-ST-7/P Change DAddition ☐ Defete TITLE SITTE STD SCHMIDT, E. JEAN NAME NAME STREET ADDRESS STREET ADDRESS 555 N HWY 17 & 92 CITY-ST-ZIP CITY-ST-ZIP LONGWOOD FL 32750 ☐ Change Applia. ☐ Delete 3551.5 3133.5 NAME MAME STREET ADDRESS STRUET ADDRESS City-St-ZIP CITY-ST-ZIP ☐ Addis. Delete Change KILE TITLE NAME NAME STREET ADDRESS STREET ACCRESS CITY-ST-2IP CITY-\$1-ZIP ☐ Change 13715 TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Adding Detete TATLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CHTY-ST-ZIP

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: E. Jean Schmidt Sec/Ticas

Seon Schmied, Suffer 4/8/06 407-69

FILED