2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 23, 2006 08:00 AN Secretary of State

ANNUAL REPORT				Jan 23, 2000 00:00 A			
DOCU	MENT # H26562				Sec	cretary	of State
1. Entity Nam	ne ESSIVE MOTORS, INC.			}			
PROGRE	ESSIVE MOTORS, INC.						
			No.	Ì	*		
1	ce of Business	Mailing Address 200 S FEDERAL HIGHWAY					
	RAL HIGHWAY ICH., FL 33062	POMPANO BCH., FL 33062					
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			- 				
		-	01052006	No Chg-P	CR2E034 (1	1/05)	
DO NOT WRITE IN THIS SPA			CE	4. FEI Numb			Applied For Not Applicable
					e of Status Desired		5 Additional tequired
	6. Name and Address of Current F	legistered Agent		<u> </u>		- 1	
	H, BRIAN M.	1	DO	NOT W	RITE		
200 S FEDERAL HIGHWAY POMPANO BCH., FL 33062							
	· · · , · - · · - · · ·			IN	THIS SF	ACE	
,							
	e named entity submits this statement for tions of registered agent.	the purpose of changing its register	ed office or register	ed agent, or bo	oth, in the State of Fic	orida, I am familia	r with, and accep
-	•						
SIGNATURE	Signature, typed or printed name of registered agent at	nd site if applicable. (NOTE Register	ed Agent signature required	when reinstating)		DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.0	ncing \$5	.00 May Be ed to Fees		<u> </u>		
10.	OFFICERS AND E	DIRECTORS	1	· · · · · · · · · · · · · · · · · · ·	L		
TITLE	DP MCGRATH, BRIAN M.	•	Ì			•	
NAME STREET ADDRESS	2740 NE 35TH DRIVE				l Hi il di te n	elithir i ma	
CITY-ST-ZIP	FT. LAUDERDALE, FL				UUUUU 01/26/06	(033) (08 -80039-021	ាំ 140 mail
TITLE	DVS		1			wassers w	2 100,00
NAME STREET ADDRESS	MCGRATH, PATRICIA D. 2740 NE 35TH DRIVE						
CITY-ST-ZIP	FT. LAUDERDALE, FL						
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STREET ADDRESS CITY-ST-ZIP							
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CITY-ST-ZIP		- · · · · · · · · · · · · · · · · · · ·	4				
TITLE	I						

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 only a attachment with an address, with all other like dynamics.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

BRISH MMCGASTL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/17/06 (95)

(954) 785-8600

Daytime Phone il