


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2005 8:00 am
Secretary of State

01-25-2005 90037 020 ***150.00

DOCUMENT # H45101 1. Entity Name AUTO ACRYLICS, INC.	
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Principal Place of Business 4029 N.E. 6 AVE. OAKLAND PARK, FL 33334	Mailing Address 4029 N.E. 6 AVE. OAKLAND PARK, FL 33334
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DO NOT WRITE IN THIS SPACE

40005827



01132005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2494977	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

COX, FREDRICK W., JR.
 1009 N.W. 30 ST.
 SUITE E-1
 WILTON MANORS, FL 33311

DO NOT WRITE IN THIS SPACE

8. The undersigned 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: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution: **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD COX, FREDERICK W. 1009 N.W. 30TH ST. WILTON MANORS, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D COX, PAULA S. 1009 N.W. 30TH ST. WILTON MANORS, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ROBERTSON, MARGARET E. 5385 PLANTATION ROAD PLANTATION, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ Daytime Phone #: _____