

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**


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FILED
Apr 20, 2006 8:00 am
Secretary of State

04-05-2006 90149 002 ***150.00

DOCUMENT # H89204

1. Entity Name
E & E AUTOMOTIVE CLINIC, INC.




Principal Place of Business
**3585 HWY 441N.
OKEECHOBEE, FL 34972**

Mailing Address
**PO BOX 1101
OKEECHOBEE, FL 34973**

DO NOT WRITE IN THIS SPACE

66011005



03152006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2620297

Applied For	
Not Applicable	

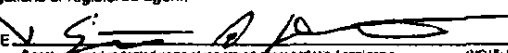
5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**DETWEILER, STEVEN A
3585 HWY 441 N.
OKEECHOBEE, FL 33472**

**DO NOT WRITE
IN THIS SPACE**

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:  **2/30/06**

Signature of Director, Officer, Trustee, Registered Agent and his or her authorized representative. (NOTE: Registered Agent signature required when changing) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$350.00**

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	PO DETWEILER, STEVEN A 3585 HWY 441 N. OKEECHOBEE, FL 34972
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD DETWEILER, JULIA 3585 HWY 441 N. OKEECHOBEE, FL 34972
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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 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:  **Steven Detweiler** **4/18/06**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date