

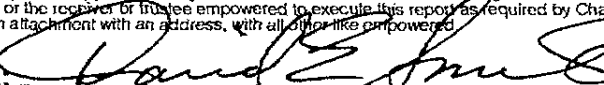


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT.

**FILED**  
**Jan 17, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # H97994</b> 1. Entry Name <b>GOLDENROD AUTO BODY, INC.</b>							
Principal Place of Business <b>C/O DAVID E. SMITH 7320 ALOMA AVENUE WINTER PARK, FL 32792</b>		Mailing Address <b>C/O DAVID E. SMITH 7320 ALOMA AVENUE WINTER PARK, FL 32792</b>					
							
		01112006    No Chg-P    CR2E034 (11/05)					
		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%; padding: 2px;"> <b>4. FEI Number</b>  <b>59-2643908</b> </td> <td style="width: 20%; padding: 2px;">         Applied For  <input type="checkbox"/> Not Applicable       </td> </tr> <tr> <td colspan="2" style="padding: 2px;"> <b>5. Certificate of Status Desired</b>    <input type="checkbox"/>    <b>\$8.75 Additional Fee Required</b> </td> </tr> </table>		<b>4. FEI Number</b> <b>59-2643908</b>	Applied For <input type="checkbox"/> Not Applicable	<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>4. FEI Number</b> <b>59-2643908</b>	Applied For <input type="checkbox"/> Not Applicable						
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>							
<b>6. Name and Address of Current Registered Agent</b>							
<b>SMITH, DAVID E. 7320 ALOMA AVENUE WINTER PARK, FL 32792</b>							
<b>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.</b>							
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering)</small>							
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>					
<b>10. OFFICERS AND DIRECTORS</b>							
TITLE	PD	<div style="text-align: right; font-family: monospace;">             100000387859              01/19/06-80055-019 150.00           </div>					
NAME	SMITH, DAVID E.						
STREET ADDRESS	7320 ALOMA AVE.						
CITY-ST-ZIP	ORLANDO, FL 32792						
TITLE							
NAME							
STREET ADDRESS							
CITY-ST-ZIP							
TITLE							
NAME							
STREET ADDRESS							
CITY-ST-ZIP							
TITLE							
NAME							
STREET ADDRESS							
CITY-ST-ZIP							
<b>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.</b>							
<b>SIGNATURE:</b> 		01-11-06    407-678-2527					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <b>David E. Smith</b>		Date    Daytime Phone #					