
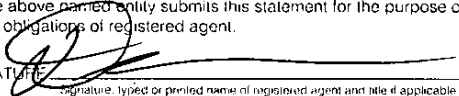
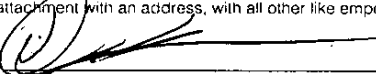


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 8:00 am
Secretary of State

01-23-2006 90119 014 ***150.00

DOCUMENT # J15723			
1. Entity Name DAVID'S AUTOMOTIVE, INC.			
Principal Place of Business 1612 SW 3RD AVENUE FORT LAUDERDALE, FL 33315 US		Mailing Address 1612 SW 3RD AVENUE FORT LAUDERDALE, FL 33315 US	
2. Principal Place of Business 214 SW 14 STREET Suite, Apt. #, etc.		3. Mailing Address 214 S.W. 14 STREET Suite, Apt. #, etc.	
City & State Fort Lauderdale FL		City & State Fort Lauderdale FL	
Zip 33315 Country USA		Zip 33315 Country USA	
4. FEI Number 59-2685547		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 FREEMAN, DEAN S 1612 SW 3RD AVENUE FORT LAUDERDALE, FL 33315		7. Name and Address of New Registered Agent Name DEAN S. FREEMAN Street Address (P.O. Box Number is Not Acceptable) 214 SW 14 STREET City Ft Lauderdale FL Zip Code 33315	
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:  DEAN S. FREEMAN DATE: 1/19/06 <small>(NOTE: Registered Agent signature required when resigning)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD FREEMAN, DEAN 1612 SW 3RD AVENUE FORT LAUDERDALE, FL 33315 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD DEAN FREEMAN 214 SW 14 STREET Fort lauderdale FL 33315 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SUSAN FREEMAN 214 SW 14 STREET Fort lauderdale FL 33315 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:  DEAN S. FREEMAN		DATE: 1/19/06 DAYTIME PHONE #: 954.463.3815	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>DATE Daytime Phone #</small>	

