2006 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 20, 2006 08:00 AN **Secretary of State** DOCUMENT # J40782 1. Entity Name DAYTONA AUTO DIAGNOSTIC CENTER, INC. Principal Place of Business Mailing Address 118 E. DUNLAWTON AVENUE 118 E. DUNLAWTON AVENUE DAYTONA BEACH, FL 32118 DAYTONA BEACH, FL 32118 01272006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2740915 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CABRERA, JOSE DO NOT WRITE 118 E. DUNLAWTON AVENUE DAYTONA BEACH, FL 32118 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 4/18/06 (NOTE. Registered Agent signature required when reinstaling) ture, typed or printed name of reci 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10, **PVST** TITLE CABRERA, JOSE NAME STREET ADDRESS 118 E. DUNLAWTON AVENUE CITY-ST-ZIP DAYTONA BEACH, FL 32118 TITLE NAME CABRERA, JOSE U00000519590 05/02/06-80058-023 150.00 STREET ADDRESS 118 E. DUNLAWTON AVENUE CITY-ST-ZIP DAYTONA BEACH, FL 32118 TIDE MAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

E AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/06 386-788-787

FILED