


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Jan 12, 2006 08:00 AM  
Secretary of State**

<b>DOCUMENT # J48858</b> 1. Entity Name JIFFY EXHAUST SYSTEMS, INC.		
Principal Place of Business 206 SOUTH MAIN ST. WILDWOOD, FL 34785		Mailing Address 206 SOUTH MAIN ST. WILDWOOD, FL 34785
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  LAVEIGNE, WILLIAM W. 206 S. MAIN ST. WILDWOOD, FL 34785		<b>DO NOT WRITE IN THIS SPACE</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.  SIGNATURE _____ <small>Signature, typed or printed name of registered agent and this if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE	P	
NAME	LAVEIGNE, WILLIAM W.	
STREET ADDRESS	206 S MAIN ST	
CITY-ST-ZIP	WILDWOOD, FL	
TITLE	STV	
NAME	LAVEIGNE, CHERYL ANN	
STREET ADDRESS	206 S MAIN ST	
CITY-ST-ZIP	WILDWOOD, FL	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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: <u>Chris A. Laveigne</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>1-4-06</u> <u>352-748-5407</u> <small>Date Daytime Phone if</small>



01042006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2767183	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

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01/12/06-80035-014 150.00

**DO NOT WRITE  
IN THIS SPACE**