2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 28, 2005 08:00 AM DOCUMENT # J52944 **Secretary of State** 1. Entity Name CONTINENTAL AUTOMOTIVE, INC. Principal Place of Business Mailing Address % JAMES B. KIMES 7548 W. MCNAB RD, BLDG A N. LAUDERDALE FL 33068 % JAMES B. KIMES 7548 W. MCNAB RD, BLDG A N. LAUDERDALE FL 33068 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 59-2759430 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KIMES, JAMES B. Street Address (P.O. Box Number is Not Acceptable) 7548 W. MCNAB RD BLDG A N. LAUDERDALE FL 33068 City Zip Code 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 Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150,00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution Added to Fees Make Check Payable to Florida Department of State 10, OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Delete 11111 HILF Change Addition NAME KIMES, JAMES B. U00000245300 STREET ADDRESS 7548 W. MCNAB RD, BLDG A SCHELL ADDRESS 02/28/05-80017-008 150.00 CITY ST-7IP N. LAUDERDALE FL 1377-ST-7IP TITLE ☐ Delete 1101 ☐ Change ___ Addition MAKE STREET ADDRESS STREET ADDRESS CHY SI-ZIP CHY-ST- ZIP IINE ☐ Delete MIS ☐ Change Addition NAME とは礼拝 STREET ADDRESS CIMELLADORESS CHY-SI-ZIP CITY-ST-78 Oelete nite ☐ Change ☐ Addition HAME NAME STREET ADDRESS STREET ADDRESS CILY-SI-ZIP UITY-SI-ZIP HILL Delete HH ☐ Change ☐ Addition NAME NAM STREET ADDRESS TIRLE LADORESS CITY-ST-ZIP CHY-ST-7P lillé ☐ Delete HHE Change ☐ Addition NAME NAME STREET ADDRESS TRUE LADORESS City-ST-2IP CHY-ST-70P

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

TAMES D. KIMES 3/25/00

Daytme Phone #

FILED