
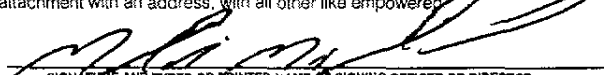


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 23, 2006 08:00 AM**  
**Secretary of State**

|  |                  |                                 |   |   |                                   |
|--|------------------|---------------------------------|---|---|-----------------------------------|
| <b>DOCUMENT # K54138</b>   |                  |                                 |   |  |                                   |
| 1. Entity Name<br>AUTO NETWORK, INC.   |                  |                                 |   |   |                                   |
| Principal Place of Business<br>AUTO NETWORK INC<br>4001 PACE BLVD<br>PENSACOLA, FL 32505 US  |                  |                                 | Mailing Address<br>AUTO NETWORK INC<br>4001 PACE BLVD<br>PENSACOLA, FL 32505 US                                     |   |                                   |
| 2. Principal Place of Business   |                  |                                 | 3. Mailing Address  |   |                                   |
| Suite, Apt #, etc.   |                  |                                 | Suite, Apt #, etc.  |   |                                   |
| City & State   |                  |                                 | City & State  |   |                                   |
| Zip  |                  | Country                         | Zip   |   | Country                           |
| 6. Name and Address of Current Registered Agent  |                  |                                 |   | 7. Name and Address of New Registered Agent                                       |                                   |
| MIKHCHI, MEHDI<br>4001 N PACE BLV<br>PENSACOLA, FL 32505   |                  |                                 |   | Name  |                                   |
|  |                  |                                 |   | Street Address (P.O. Box Number is Not Acceptable)                                |                                   |
|  |                  |                                 |   | City  | FL                                |
| 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 _____<br><small>Signature typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE</small>   |                  |                                 |   |   |                                   |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>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 |   |                                   |
| <b>10. OFFICERS AND DIRECTORS</b>  |                  |                                 | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>  |   |                                   |
| TITLE  | P                | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change   | <input type="checkbox"/> Addition |
| NAME   | MIKHCHI, MEHDI   |                                 | NAME  |   |                                   |
| STREET ADDRESS   | 4001 N PACE BLVD |                                 | STREET ADDRESS  |   |                                   |
| CITY - ST - ZIP  | PENSACOLA, FL    |                                 | CITY - ST - ZIP   |   |                                   |
| TITLE  |                  | <input type="checkbox"/> Delete | TITLE   |   |                                   |
| NAME   |                  |                                 | NAME  |   |                                   |
| STREET ADDRESS   |                  |                                 | STREET ADDRESS  |   |                                   |
| CITY - ST - ZIP  |                  |                                 | CITY - ST - ZIP   |   |                                   |
| TITLE  |                  | <input type="checkbox"/> Delete | TITLE   |   |                                   |
| NAME   |                  |                                 | NAME  |   |                                   |
| STREET ADDRESS   |                  |                                 | STREET ADDRESS  |   |                                   |
| CITY - ST - ZIP  |                  |                                 | CITY - ST - ZIP   |   |                                   |
| TITLE  |                  | <input type="checkbox"/> Delete | TITLE   |   |                                   |
| NAME   |                  |                                 | NAME  |   |                                   |
| STREET ADDRESS   |                  |                                 | STREET ADDRESS  |   |                                   |
| CITY - ST - ZIP  |                  |                                 | CITY - ST - ZIP   |   |                                   |
| TITLE  |                  | <input type="checkbox"/> Delete | TITLE   |   |                                   |
| NAME   |                  |                                 | NAME  |   |                                   |
| STREET ADDRESS   |                  |                                 | STREET ADDRESS  |   |                                   |
| CITY - ST - ZIP  |                  |                                 | 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:    |                  |                                 | 1-19-06<br>Date   |   |                                   |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |                  |                                 | <small>Date</small>   |   |                                   |



01172006 Chg-P CR2E034 (11/05)

4. FEI Number **59-2937719** Applied For Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

U00000394623  
01/26/06-80018-008 150.00