2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2006
Secretary of State

DOCUMENT# K72025

Entity Name: BUTCH'S USED CARS, INC.

Current Principal Place of Business:

15307 US HWY 301
DADE CITY, FL 33523 US

New Principal Place of Business:

Current Mailing Address:

14025 MARTIN SR DR
DADE CITY, FL 33525 US

New Mailing Address:

P.O.BOX 175
DADE CITY, FL 33526 US

FEI Number: 59-2935478 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SHAHEEN, CHRISTOPHER D
14025 MARTIN SR. DR.
DADE CITY, FL 33525 US

Name and Address of New Registered Agent:

SHAHEEN, CHRISTOPHER D
P.O.BOX 175
DADE CITY, FL 33526 US

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.

SIGNATURE: _____ 04/06/2006
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PRES ( ) Delete
Name: SHAHEEN, CHRISTOPHER D PRES
Address: 14025 MARTIN SR. DR.
City-St-Zip: DADE CITY, FL 33525 US

Title: SEC ( ) Delete
Name: SHAHEEN, GLENDA P
Address: 14025 MARTIN SR. DR.
City-St-Zip: DADE CITY, FL 33525 US

Title: D-CE ( ) Delete
Name: SHAHEEN, JAMES T
Address: 14025 MARTIN SR. DR.
City-St-Zip: DADE CITY, FL 33525 US

Title: N/A ( ) Delete
Name: N/A, N/A
Address: N/A
City-St-Zip: N/A, NA N/A NA

Title: N/A ( ) Delete
Name: N/A, N/A
Address: N/A
City-St-Zip: N/A, NA N/A NA

Title: N/A ( ) Delete
Name: N/A, N/A
Address: N/A
City-St-Zip: N/A, NA N/A NA

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition
Name: SHAHEEN, CHRISTOPHER D PRES
Address: P.O.BOX 175
City-St-Zip: DADE CITY, FL 33526 US

Title: SEC (X) Change ( ) Addition
Name: SHAHEEN, GLENDA P
Address: P.O.BOX 175
City-St-Zip: DADE CITY, FL 33526 US

Title: D-CE (X) Change ( ) Addition
Name: SHAHEEN, JAMES T
Address: P.O.BOX 175
City-St-Zip: DADE CITY, FL 33526 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES T. SHAHEEN D CE 04/06/2006
Electronic Signature of Signing Officer or Director — Date