


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jul 28, 2006 08:00 AM
Secretary of State

DOCUMENT # L02000017039 1. Entity Name AUTOTECH TOTAL CAR CARE, LLC	
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Principal Place of Business 2903 E. MOODY BLVD. BUNNELL FL 32110	Mailing Address 2903 E. MOODY BLVD. BUNNELL FL 32110
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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1st MOORE CR2E083 (10/05)

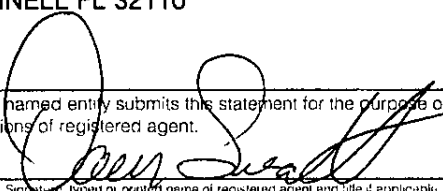
City & State	City & State		
Zip	Country	Zip	Country

4. FEI Number 04-3700907	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent DARA SWEATT, DAWN 2903 E. MOODY BLVD. BUNNELL FL 32110

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City
FL 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:  DATE: **7/26/06**

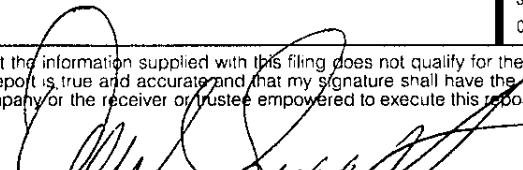
(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS / MANAGERS	
TITLE	P <input type="checkbox"/> Delete SWEATT, DAWN STREET ADDRESS 2903 EAST MOODY BLVD CITY-ST-ZIP BUNNELL FL 32110
TITLE	VP <input type="checkbox"/> Delete SWEATT, JAY STREET ADDRESS 2903 EAST MOODY BLVD CITY-ST-ZIP BUNNELL FL 32110
TITLE	<input type="checkbox"/> Delete
TITLE	<input type="checkbox"/> Delete
TITLE	<input type="checkbox"/> Delete
TITLE	<input type="checkbox"/> Delete

10. ADDITIONS / CHANGES	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="text-align: right; font-size: small;"> U00000572692 07/28/06-80009-016 50.00 </div>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  DATE: **7/26/06** DAYTIME PHONE #: **386437-6670**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE