2006 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L05000103108

Entity Name: FULL THROTTLE CUSTOMS, LLC

Current Principal Place of Business:	**New Principal Place of Business:**
6631 EAST COLONIAL DR ORLANDO, FL 32807	1476 N. GOLDENROD RD SUITE 320 ORLANDO, FL 32807

Current Mailing Address:	**New Mailing Address:**
6631 EAST COLONIAL DR ORLANDO, FL 32807	1476 N. GOLDENROD RD SUITE 320 ORLANDO, FL 32807

FEI Number: 74-3142320   FEI Number Applied For ( )   FEI Number Not Applicable ( )   Certificate of Status Desired ( )

Name and Address of Current Registered Agent:	**Name and Address of New Registered Agent:**
OTMANE, EL AMRANI MEMBER 6631 EAST COLONIAL DR ORLANDO, FL 32807 US	OLIVENCIA, DAVID RA 1119 BARBADOS AVE ORLANDO, FL 32825 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: DAVID OLIVENCIA   07/16/2006
_____
              Electronic Signature of Registered Agent   Date

MANAGING MEMBERS/MANAGERS: **ADDITIONS/CHANGES:**

Title:	MGRM ( ) Delete		Title:	PRES (X) Change ( ) Addition
Name:	EL AMRANI, OTMANE		Name:	SANTIAGO, ANTHONY
Address:	6631 EAST COLONIAL DR		Address:	10918 FERNANDO ST
City-St-Zip:	ORLANDO, FL 32807 US		City-St-Zip:	ORLANDO, FL 32825 US
Title:	MGRM (X) Delete		Title:	( ) Change ( ) Addition
Name:	SANTIAGO, ANTHONY		Name:	
Address:	6631 EAST COLONIAL DRIVE		Address:	
City-St-Zip:	ORLANDO, FL 32807 US		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 is true and accurate and that my electronic 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: ANTHONY SANTIAGO   PRES   07/16/2006
_____
              Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date