


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 20, 2006 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # J05536 |  |
| 1. Entity Name COLLISION FASTENER SERVICE, INC. | |

| | |
|---|--|
| Principal Place of Business | Mailing Address |
| 3937 NW 22ND STREET COCONUT CREEK, FL 33066 US | 3937 NW 22 ST. COCONUT CREEK, FL 33066 US |



02162006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

| | |
|--|---|
| 4. FEI Number 65-0135007 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

BARBOUR, JOHN
3937 NW 22ND STREET
COCONUT CREEK, FL 33068

DO NOT WRITE IN THIS SPACE

6. 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
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing **\$5.00** May Be
Trust Fund Contribution. Added to Fees

| 10. OFFICERS AND DIRECTORS | |
|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P BARBOUR, JOHN 3937 NW 22ND STREET COCONUT CREEK, FL 33066 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD BARBOUR, JOHN 3937 NW 22ND STREET COCONUT CREEK, FL 33066 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S BARBOUR, HELEN 3937 NW 22 ST. COCONUT CREEK, FL 33066 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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03/02/06-80037-001 158.75

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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: Helen Barbour, Sec. 2/16/06 954-564-7310
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #