2006 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

Apr 24, 2006 8:00 am Secretary of State DOCUMENT # L10259 04-24-2006 90422 042 ***150.00 1. Entity Name HAMRICK'S AUTOMOTIVE, INC. Principal Place of Business Mailing Address 6895 WOODMERE RD. SEBASTIAN FL 32958 6895 WOODMERE RD. SEBASTIAN FL 32958 2. Principal Place of Business 3. Mailing Address Suite. Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) 4. FEI Number City & State City & State Applied For 65-0134141 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent HAMRICK, STEPHEN W. ADDRESS CHANCE 1065 BLOSSOM DRIVE SEBASTIAN FL 32958 VERO BEACH 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 regis SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. STEPHEN W. HAMRICK TITLE ☐ Addition TITLE PD ☐ Delete HAMRICK, STEPHEN W. 8275 102 NA. AVE. NAME NAME STREET ADDRESS 1065 BLOSSOM DR STREET ADDRESS VERD BEACH, FL 32967 CITY-ST-ZIP CITY-ST-ZIP SEBASTIAN FL ☐ Change ☐ Addition TITLE ☐ Defete NAME HAMRICK, JEFFREY S. STREET ADDRESS 701 SPIRE AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SEBASTIAN FL ☐ Change TITLE ☐ Detete TITLE ☐ Addition NAME HAMRICK, TERESA D. NAME STREET ADDRESS STREET ADDRESS 701 SPIRE AVE CITY-ST-ZIP CITY-ST-ZIP SEBASTIAN FL BETTY E. HAMBRICK ☐ Delete Change ☐ Addition TITLE HAMRICK, BETTY E. NAME NAME 8275 102 NO AVE. STREET ADDRESS STREET ADDRESS 1065 BLOSSOM DR VERO BEACH, FL 32967 SEBASTIAN FL CITY-ST-ZIP CITY-ST-ZIP ☐ Defete Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE Addition 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 Section 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.

FILED

STEPHEN W. HAMRICK, 4/13/06 772388-5559 SIGNATURE: