2005 FOR PROFIT CORPORATION ANNUAL REPORT

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

May 05, 2005 08:00 AM Secretary of State **DOCUMENT # L26391** EZAUTO SALES OF LAKE WALES, INC. Mailing Address Principal Place of Business 19648 HWY 27 19648 HWY 27 LAKE WALES, FL 33853 LAKE WALES, FL 33853 US 05022005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-2976107 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent HIGGINS, GARY D DO NOT WRITE 2995 CYPRESS GARDENS ROAD WINTER HAVEN, FL 33884 IN THIS SPACE 1. 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 hame of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \$5.00 May Be 9. Election Campaign Financing In accordance with s. 607.193(2)(b), F.S., the FILE NOW!!! FEE (\$ \$150.00 Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. Due by September 7, 2005 OFFICERS AND DIRECTORS 10. PVD TITLE HIGGINS, GARY D NAME STREET ADDRESS 19648 HWY 27 CITY-ST-ZP LAKE WALES, FL 33853 U00000361930 05/05/05-80095-018 150.00 TITLE NAME STREET ADDRESS CITY-ST-ZP TILE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE nne NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CRY-ST-ZP TITLE NAME. STREET ADDRESS COY-ST-7P 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 dustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if

FILED