


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90293 045 ***150.00

DOCUMENT # L46113 1. Entity Name AUTOMOTIVE BUSINESS CONSULTANTS, INC.	
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Principal Place of Business 5353 N FEDERAL HWY STE 204 FT LAUDERDALE, FL 33308 US	Mailing Address 5353 N FEDERAL HWY STE 204 FT LAUDERDALE, FL 33308 US
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2. Principal Place of Business 5353 N. Federal Hwy Suite, Apt. #, etc. Suite 211 City & State Ft. Lauderdale, Fl.	3. Mailing Address 5353 N. Federal Hwy Suite, Apt. #, etc. Suite 211 City & State Ft. Lauderdale, Fl.	04222005 Chg-P CR2E034 (10/03)
Zip 33308	Country Broward	4. FEI Number 65-0168321
Zip 33308	Country Broward	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FRONRATH, GARY
5353 N FEDERAL HWY #204
FT. LAUDERDALE, FL 33081

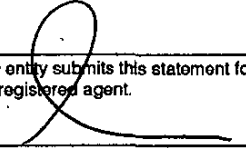
7. Name and Address of New Registered Agent

Name **Fronrath Gary**

Street Address (P.O. Box Number is Not Acceptable)
5353 N Federal Hwy #211

City **Ft Lauderdale** **FL** Zip Code **33308**

8. The above named entry 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  **Gary Fronrath** DATE **4-25-05**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete	NAME
NAME	FRONRATH, GARY		
STREET ADDRESS	5353 N FEDERAL HWY #04		
CITY-ST-ZIP	FT LAUDERDALE, FL 33308		
TITLE	S	<input checked="" type="checkbox"/> Delete	NAME
NAME	WILLIAMS, BARBARA		
STREET ADDRESS	5353 N FEDERAL HWY #204		
CITY-ST-ZIP	FT. LAUDERDALE, FL-33308		
TITLE		<input type="checkbox"/> Delete	NAME
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	NAME
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	NAME
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
NAME		Fronrath, Gary
STREET ADDRESS		5353 N. Federal Hwy #211
CITY-ST-ZIP		Ft Laud FL 33308
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
NAME		Robin Fronrath
STREET ADDRESS		5353 N. Federal Hwy
CITY-ST-ZIP		Suite 211 Ft. Lauderdale, FL 33308
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  **Gary Fronrath** Date **4-25-05** Daytime Phone # **954 489 3970**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR