2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED DOCUMENT # M34274 Apr 27, 2006 08:00 AN Secretary of State 1. Entity Name TERRY'S TIRE TRIMMIN'S, INC. Principal Place of Business Mailing Address 9541 S.W. 7 CT. 9541 S.W. 7 CT. PEMBROKE PINES FL 33025 PEMBROKE PINES FL 33025 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite. Apt #, etc 1st MOORE CR2E034 (10/05) City & State Applied For 4. FEI Number City & State 59-2798609 Not Applicable Ζφ Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DEHNERT, TERRY Street Address (P.O. Box Number is Not Acceptable) 9541 S.W. 7 CT. PEMBROKE PINES FL 33025 City Zip Code 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 registered agent SIGNATURE Signature, typen or printed name of registered again and fille if applicable (NOTE: Registered Agent signature required when reinstalling) DATE 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 OFFICERS AND DIRECTORS 10. 11. ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME DEHNERT, TERRY NAME STREET ADDRESS STREET ADDRESS 9541 S.W. 7 CT. CITY-ST-ZIP CITY-ST-7IP PEMBROKE PINES FL 009 150.00 ☐ Delete ☐ Change Addition TITLE SD TITLE MANJE DEHNERT, LINDA NAME STREET ADDRESS STREET ADDRESS 9541 S.W. 7 CT. OTY - ST- 7/8 CITY-ST-ZIP PEMBROKE PINES FL ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CRY-SI-ZIP ☐ Change Addition ☐ Delete TATLE TITLE NAME MARKE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP ☐ Change Addition Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE HU NAME NAME STREET ADDRESS STREET ADDRESS CSTY-ST-7IP 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

SIGNATURE: TERRY DEHNERT OWNER/OFERATOR 4-24-06 (954) 432-932