2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2006
Secretary of State

DOCUMENT# M83586

Entity Name: BOLTON AUTO BROKERS, INC.

Current Principal Place of Business:

1909 S ORANGE BLOSSOM TRAIL
APOPKA, FL 32703 US

New Principal Place of Business:

Current Mailing Address:

580 RIVERSIDE DR.
ORMOND BEACH, FL 32176

New Mailing Address:

FEI Number: 59-2894766 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FAUCETTE, JOHN R JR
580 RIVERSIDE DRIVE
ORMOND BEACH, FL 32176 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: FAUCETTE, JOHN R., J, R.
Address: 580 RIVERSIDE DR.
City-St-Zip: ORMOND BEACH, FL 32176

Title: VP ( ) Delete
Name: FAUCETTE, JOHN R., I, II
Address: 1120 GREEN VISTA CIR
City-St-Zip: APOPKA, FL 32712

Title: S ( ) Delete
Name: FAUCETTE, HELEN,
Address: 580 RIVERSIDE DR.
City-St-Zip: ORMOND BEACH, FL 32176

Title: T ( ) Delete
Name: FAUCETTE, TINA C,
Address: 1120 GREEN VISTA CIR
City-St-Zip: APOPKA, FL 32712

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: FAUCETTE, JOHN R JR
Address: 580 RIVERSIDE DR.
City-St-Zip: ORMOND BEACH, FL 32176

Title: VP (X) Change ( ) Addition
Name: FAUCETTE, JOHN R III
Address: 1120 GREEN VISTA CIR
City-St-Zip: APOPKA, FL 32712

Title: S (X) Change ( ) Addition
Name: FAUCETTE, HELEN
Address: 580 RIVERSIDE DR.
City-St-Zip: ORMOND BEACH, FL 32176

Title: T (X) Change ( ) Addition
Name: FAUCETTE, TINA C
Address: 1120 GREEN VISTA CIR
City-St-Zip: APOPKA, FL 32712

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TINA C FAUCETTE T 03/25/2006

Electronic Signature of Signing Officer or Director Date