2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # N51259

FILED May 01, 2006 8:00 am Secretary of State 05-01-2006 90359 010 ****61.25

FO 3440400 	700001	R TAMPA BAY AUTOMOB ATION, INC.	LE DEALERS				
Suite, Apt. #, etc. Suite, Apt. #, etc. O4242006 Chg-NP CR2E037 (11/05) City & State City & State City & State City & State Country Zip Country 5. Certificate of Status Desired \$8.75 Additional Fee Required 6. Name and Address of Current Registered Agent ADAMS, JAMES D C/O LAW OFFICE OF JAMES D ADAMS 7300 W CAMINO REAL #224 BOCA RATON, FL 33433-9984 City FL 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 acc the obligations of registered agent. SIGNATURE	3203 BAYS THE STOVA	HCREBLVD LL#1002	3203 BAYSHOTE BLM THE STOWALL # 1002		40070	ე . J. J	
City & State 4. FEI Number 59-3148462 Not Applied Fo Not Applie Status Desired \$8.75 Additional Fee Required Fee Required ADAMS, JAMES D C/O LAW OFFICE OF JAMES D ADAMS 7300 W CAMINO REAL #224 BOCA RATON, FL 33433-9984 City FL 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 acceptable of the obligations of registered agent. SIGNATURE	2. Principal f	Place of Business	3. Mailing Address	··············	(N5 1	259====	= = N)
Zip Country Zip Country 5. Certificate of Status Desired \$8.75 Additional Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ADAMS, JAMES D C/O LAW OFFICE OF JAMES D ADAMS 7300 W CAMINO REAL #224 BOCA RATON, FL 33433-9984 City FL 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 acceptable of the obligations of registered agent. SIGNATURE	Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		-NP CR2E037 (11/05)
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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 accepted the obligations of registered agent. SIGNATURE	C/O LAW OFFICE OF JAMES D ADAMS				ss (P.O. Box Number is No	t Acceptable)	
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 accepted the obligations of registered agent. SIGNATURE	BOCA RA	TON, FL 33433-9984					
the obligations of registered agent. SIGNATURE				City		FL	Zip Code
			or the purpose of changing its	registered office or regi	stered agent, or both, in the	e State of Florida. I am fami	liar with, and accept
	SIGNATURE		and title if applicable. (NOT	E: Registered Agent signature req	uired when reinstating)	DATE	
Filing Fee is \$61.25 9. Election Campaign Financing \$5.00 May Be Due by May 1, 2006 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Florida Department of State							
10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		<u> </u>	r		\$5.00 May Be Added to Fees	•	•
TITLE P Detete TITLE VP Change Add NAME LEO, ALBERT STREET ADDRESS 9400 US HWY 19 N. CITY-ST-ZIP PINELLAS PARK, FL 33782 CITY-ST-ZIP SA LETERS BURG FL 53713	10	OFFICERS AND D	Trust Fund	Contribution.	Added to Fees ADDITIONS/CHANGES	Florida Departme	TORS IN 10
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TITLE ED Delete TITLE STD Change VALUE NAME WILSON, GEORGE O STREET ADDRESS 3203 BAYSHORE BLVD, #1002 CITY-ST-ZIP TAMPA, FL 33629 Delete TITLE STD Change VALUE STREET ADDRESS CITY-ST-ZIP TAMPA FL 33621	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Due by May 1, 2006 OFFICERS AND DI P LEO, ALBERT 9400 US HWY 19 N. PINELLAS PARK, FL 33782 ST RODGERS, LARRY 18911 US HWY 19 NORTH	Trust Fund	Contribution.	Added to Fees ADDITIONS/CHANGES POUPLES WILL SOO 54 P S4	FL 53715	TORS IN 10 Change Addition
TITLE NAME NAME MUELLER, RON STREET ADDRESS CITY-ST-ZIP CLEARWATER, FL 33764 Delete TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP CLEARWATER, FL 33764 Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP ST-PETERSBURG FL 38773	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE HAME STREET ADDRESS	Due by May 1, 2006 OFFICERS AND DI P LEO, ALBERT 9400 US HWY 19 N. PINELLAS PARK, FL 33782 ST RODGERS, LARRY 18911 US HWY 19 NORTH CLEARWATER, FL 33764 ED WILSON, GEORGE O 3203 BAYSHORE BLVD. #1002	Trust Fund RECTORS Delete	Contribution.	Added to Fees ADDITIONS/CHANGES DUALAS, WILL ACTUAL SHOP ACTUAL SH	Florida Departme	TORS IN 10 Change Addition Change Addition
NAME ZARALBAN, RUSSELL M. STREET ADDRESS 21154 US HWY 19N STREET ADDRESS CITY-ST-ZIP CLEARWATER, FL 33765 CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE HAME STREET ADDRESS CITY-ST-ZIP TITLE HAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Due by May 1, 2006 OFFICERS AND DI P LEO, ALBERT 9400 US HWY 19 N. PINELLAS PARK, FL 33782 ST RODGERS, LARRY 18911 US HWY 19 NORTH CLEARWATER, FL 33764 ED WILSON, GEORGE O 3203 BAYSHORE BLVD. #1002 TAMPA, FL 33629 D MUELLER, RON 13525 US HWY 19 NORTH	Trust Fund RECTORS Delete Delete	Contribution. 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Added to Fees ADDITIONS/CHANGES DUALAS, WI'll SOO 5415 St. AETERS BUR TO BER, POBER OE FIRETCHE TO BER, MIKE OO 3470 St.	FL 35713	TORS IN 10 Change Addition Change Addition Change Addition Change Addition
TITLE VP NAME RODGERS, KELLY STREET ADDRESS 11333 N. FLORIDA AVE. CITY-ST-ZIP TAMPA, FL 33612 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information supplied with the life of the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information supplied with the life of the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information supplied with the life of the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information supplied with the life of the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information supplied with the life of the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information supplied with the life of the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information supplied with the life of the exemptions contained in Chapter 119, Florida Statutes.	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE HAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	Due by May 1, 2006 OFFICERS AND DI P LEO, ALBERT 9400 US HWY 19 N. PINELLAS PARK, FL 33782 ST RODGERS, LARRY 18911 US HWY 19 NORTH CLEARWATER, FL 33764 ED WILSON, GEORGE O 3203 BAYSHORE BLVD. #1002 TAMPA, FL 33629 D MUELLER, RON 13525 US HWY 19 NORTH CLEARWATER, FL 33764 D ZARALBAN, RUSSELL M. 21154 US HWY 19N	Trust Fund RECTORS Delete Delete Delete	CONTRIBUTION. 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	Added to Fees ADDITIONS/CHANGES DUALAS, WI'll SOO 5415 St. AETERS BUR TO BER, POBER OE FIRETCHE TO BER, MIKE OO 3470 St.	FL 357/3	TORS IN 10 Change Addition Change Addition Change Addition Change Addition

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 617, 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:	D. Wilson III	4/26/06	813-837-1114
	OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #