2006 FOR PROFIT CORPORATION ANNUAL REPORT

APPRUVE AND FILED

06 APR 29 Al1 9: 08

DOCUMENT # P0000033086 1. Entity Name ADVANCED AUTOMOTIVE GROUP, INC.					SECRETARY OF STATE TALLAHASSEE, FLORIDA			
Principal Plac 4323 WOOD TALLAHASSE		Mailing Address P.O. BOX 16441 TALLAHASSEE, FL 323	17	1 100 (100)		iii esisa iiles iili esisi (siis)	1111 68 2 (1 2 28 1	
	Place of Business	3. Mailing Address						
Suite, Apt. #, etc. Suite, Apt. #, etc.				04282006	Chg-P	CR2E034 (11/05))	
City & State City & State				4. FEI Numbe 59-3638		·	pplied For	
3231	7 Country CEON	Zip	Country		of Status Desired	\$8.75 Ac	Iditional	
	6. Name and Address of Current	Registered Agent	·	7. Name and	Address of New F	Registered Agent		
			Name					
STEPHENS, HANK 4323 WOODVILLE HWY. TALLAHASSEE, FL 32305			Street Ac	Street Address (P.O. Box Number is Not Acceptable)				
TALLAHASSEE, FL 32305								
			City		FL Zip Code			
	named entity submits this statement for tions of registered agent.	r the purpose of changing its	registered office or	registered agent, or bot	h, in the State of Fl	lorida. I am familiar with	i, and accept	
SIGNATURE.	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE	: Registered Agent signatu	re required when reinstating)		DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution.				1				
				\$5.00 May Be Added to Fees				
		Trust Fund Contr		Added to Fees	CHANGES TO OFF	FICERS AND DIRECTOR	3S IN 11	
After Ma	ay 1, 2006 Fee will be \$550.0	Trust Fund Contr	ribution.	Added to Fees	CHANGES TO OFF	FICERS AND DIRECTO	RS IN 11	
After Ma	ay 1, 2006 Fee will be \$550.0 OFFICERS AND	Trust Fund Contr	ribution.	Added to Fees	CHANGES TO OFF			
10. TITLE NAME STREET ADDRESS	OFFICERS AND P STEPHENS, HANK J P.O.BOX 16441	Trust Fund Contr	TIDUTION	Added to Fees	CHANGES TO OFF			
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND P STEPHENS, HANK J	Trust Fund Contr	Tibution. 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Added to Fees	CHANGES TO OFF	Change	☐ Addilion	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone