2006 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 20, 2006 08:00 AM DOCUMENT # P00000072180 **Secretary of State** 1. Entity Name BEATY AUTO CALES INC. Principal Place of Business Mailing Address 16328 60TH PLACE B 16328 60TH PLACE B LIVE OAK, FL 32060 LIVE OAK, FL 32060 CR2E034 (11/05) 01112006 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FFI Number 59-3658800 Not Applicable **\$8.75** Additional 5. Certificate of Status Desired \Box Fee Required 5. Name and Address of Current Registered Agent BEATY, SCOTT S DO NOT WRITE 16508 60 PLACE B LIVE OAK, FL 32060 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when relestating) DATE 9. Election Campaign Financing \$5.00 May Be U00000392151 FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 01/24/06-80070-006 150.00 OFFICERS AND DIRECTORS 10. DDF BEATY, SCOTT B NAME STREET ADDRESS 16508 60 PLACE B CITY-ST-ZIP LIVE OAK, FL 32060 D DILE NAME BEATY, ANITA J STREET ADDRESS 16508 60 PLACE B LIVE OAK, FL 32060 CITY-ST-71P MLE MIME BEATY, BARBARA J STREET ADDRESS 16390 60 PLACE B DO NOT WRITE CTTY-ST-ZIP LIVE OAK, FL 32060 TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TILLE

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 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 charged, or on an attachingent with an address, with all other like empowered.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

SCOTT BEATY PRESIDENT

E OF SIGNING OFFICER OR DIRECTOR

1-17-00 (30)590-6328

FILED