2006 FOR PROFIT CORPORATION ANNUAL REPORT

May 08, 2006 8:00 am Secretary of State DOCUMENT # P00000088244 05-08-2006 90278 001 ***150.00 DAVIS AUTO WHOLESALE, INC. Principal Place of Business Mailing Address 3426 PALM BEACH BLVD 3426 PALM BEACH BLVD FORT MYERS, FL 33916 FORT MYERS, FL 33916 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite. Apt. #, etc. 04272006 Chg-P CR2E034 (11/05) City & State City & State 4. FEI Number Applied For 65-1053244 Not Applicable 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 DAVIS, MELVIN Street Address (P.O. Box Number is Not Acceptable) 3426 PALM BEACH BLVD FORT MYERS, FL 33916 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. **PSTD** TITLE 🗶 Delete TITLE Change Addition NAME DAVIS, EARL H NAME STREET ADDRESS 3426 PALM BEACH BLVD STREET ADDRESS CITY-ST-7/P FORT MYERS, FL 33916 CITY-ST-ZIP DZG Change Delete TITLE TITLE ☐ Addition DAVIS, MELVIN NAME Melvin DAVIS 3426 PAIM BEARD Blud STREET ADDRESS 3426 PALM BEACH BLVD STREET ADDRESS FORT MYERS, FL 33916 CITY-ST-ZIP CITY-ST-ZIP FORT MYERS, FL 33916 TITLE ☐ Delete TITLE ☐ Addition MARGARET DAVIS HAME NAME 3426 PAIM BEACH Blud STREET AODRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Myens, FL 33916 TITLE ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

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 in changed, or on an attachment with an address. We all other like empowered.

4/29/06 239-334-3322

FILED

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: