2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Mar 08, 2006 08:00 AM DOCUMENT # P01000004457 **Secretary of State** 1..Entity Name ALLEN'S CAR MART, INC. Mailing Address Principal Place of Business 1506 CASSAT AVE. 1506 CASSAT AVE. JACKSONVILLE, FL 32205 JACKSONVILLE, FL 32205 CR2E034 (11/05) 01142006 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3691070 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent ALLEN, BOB E 1506 CASSAT AVE. DO NOT WRITE JACKSONVILLE, FL 32205 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 lamiliar with, and accept the obligations of registered agent. SIGNATURE Squature, typed or printed name of registerod agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOWIII FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE п ALLEN, BOB E NAME STREET ADDRESS 5210 SIESTA DEL RIO CITY-ST-ZIP JACKSONVILLE, FL 32258 BILE UN0000460511 03/20/06-80013-003 150.00 ALLEN, JOYCE NAME STREET ADDRESS 5210 SIESTA DEL RIO CITY-ST-ZIP JACKSONVILLE, FL 32258 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-DP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP FITLE NAME STREET ADDRESS 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.

INTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED