2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000011088

Entity Name: MCGILL'S BUY LOW AUTO SALES INC.

FILED Apr 27, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

402 TERMIANL AVE POLK CITY, FL 33868

Current Mailing Address: New Mailing Address:

402 TERMIANL AVE POLK CITY, FL 33868

FEI Number: 02-0564736 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MCGILL, CAPLURTIA
505 CALLA PLACE
POLK CITY, FL 33868 US

MCGILL, CALPURTIA
505 CALLA PLACE
POLK CITY, FL 33868 US

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.

SIGNATURE: CALPURTIA MCGILL 04/27/2005

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition

 Name:
 MCGILL, CALPUTIA
 Name:
 MCGILL, CALPURTIA

 Address:
 505 CALLA PL
 Address:
 505 CALLA PL

 City-St-Zip:
 POLK CITY, FL
 33868
 City-St-Zip:
 POLK CITY, FL
 33868

Title: ST () Delete Title: () Change () Addition

 Name:
 MCGILL, VERONICA
 Name:

 Address:
 505 CALLA PL
 Address:

 City-St-Zip:
 POLK CITY, FL 33868
 City-St-Zip:

Title: AS () Delete Title: () Change () Addition

 Name:
 MCGILL, LUKE
 Name:

 Address:
 2458 QUAIL HOLLOW AVE
 Address:

 City-St-Zip:
 KISSIMMEE, FL 34744
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CALPURTIA MCGILL PD 04/27/2005