
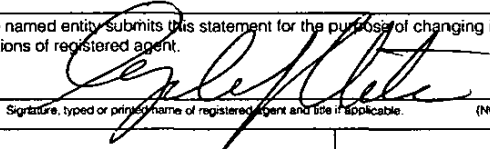
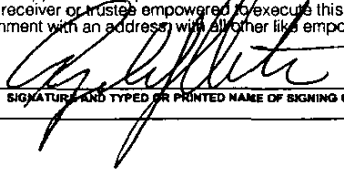


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90171 028 ***158.75

| | | | | | |
|--|--|--------------------------------------|---|---|--|
| DOCUMENT # P01000011212 1. Entity Name AUTO THERAPY AND REPAIR, INC. | | | |  | |
| Principal Place of Business 1620 MASON AVENUE SUITE F DAYTONA BEACH, FL 32117 | | | Mailing Address PO BOX 290068 PORT ORANGE, FL 32129 | | |
| 2. Principal Place of Business | | 3. Mailing Address 1430 MASON AVE | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State DAYTONA Bch FL | | | |
| Zip | | Country | | Zip | |
| 32117 | | USA | | 04192006 Chg-P CR2E034 (11/05) | |
| 6. Name and Address of Current Registered Agent BEARDSLEE, JANE K 2115 WEST POINSETTIA DRIVE PORT ORANGE, FL 32128 | | | | 7. Name and Address of New Registered Agent Name Angela J. Ortolani Street Address (P.O. Box Number is Not Acceptable) 1430 MASON AVE City DAYTONA Bch FL Zip Code 32117 | |
| 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  DATE 4/25/06 <small>Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | | | 9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P BEARDSLEE, JANE K 2115 WEST POINSETTIA DRIVE PORT ORANGE, FL 32128 <input checked="" type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V BEARDSLEE, DONALD R 2115 WEST POINSETTIA DRIVE PORT ORANGE, FL 32128 <input checked="" type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P John A. Ortolani <input type="checkbox"/> Delete 1430 MASON AVE DAYTONA Bch FL 32117 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V Angela J. Ortolani <input type="checkbox"/> Delete 1430 MASON AVE DAYTONA Bch FL 32117 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 19, 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:  | | | 4/25/06 386-2743601 | | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | <small>Date Daytime Phone #</small> | | |