2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2006
Secretary of State

DOCUMENT# P01000030498

Entity Name: LAKEHAVEN AUTO PARTS, INC.

Current Principal Place of Business:

1606 HAVENDALE BLVD
WINTER HAVEN, FL 33881

New Principal Place of Business:

Current Mailing Address:

1606 HAVENDALE BLVD
WINTER HAVEN, FL 33881

New Mailing Address:

FEI Number: 59-3707863 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COX, THOMAS D
10 PAPAYA ST UNIT 706
CLEARWATER BEACH, FL 33767 US

Name and Address of New Registered Agent:

COX, THOMAS D
974 BRUCE AVE.
CLEARWATER BEACH, FL 33767 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: 04/16/2006
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: COX, THOMAS D
Address: 10 PAPAYA ST UNIT 706
City-St-Zip: CLEARWATER BEACH, FL 33767

Title: ST ( ) Delete
Name: COX, SHARON K
Address: 10 PAPAYA ST UNIT 706
City-St-Zip: CLEARWATER BEACH, FL 33767

Title: VP ( ) Delete
Name: COX, THOMAS D II
Address: 5100 BAKER DAIRY RD
City-St-Zip: HAINES CITY, FL 33844

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: COX, THOMAS D
Address: 974 BRUCE AVE.
City-St-Zip: CLEARWATER BEACH, FL 33767

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: THOMAS D. COX P 04/16/2006
Electronic Signature of Signing Officer or Director — Date