

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000034116

FILED  
Jan 10, 2006  
Secretary of State

Entity Name: WILSON'S EUROPEAN CAR CARE, INC.

## Current Principal Place of Business:

6911 HERITAGE DRIVE  
PORT ST. LUCIE, FL 34952 US

## New Principal Place of Business:

## Current Mailing Address:

6911 HERITAGE DRIVE  
PORT ST. LUCIE, FL 34952 US

## New Mailing Address:

FEI Number: 65-1093603

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WILSON, DONALD J  
6505 SANTA CLARA BLVD.  
FORT PIERCE, FL 34951 US

## Name and Address of New Registered Agent:

WILSON, DONALD J  
7903 HOLOPAW AVENUE  
FORT PIERCE, FL 34951 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:

01/10/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: WILSON, DONALD  
Address: 6505 SANTA CLARA BLVD.  
City-St-Zip: FT. PIERCE, FL 34951

Title: VP ( ) Delete  
Name: WILSON, PATRICIA  
Address: 6505 SANTA CLARA BLVD.  
City-St-Zip: FT. PIERCE, FL 34951

Title: T ( ) Delete  
Name: WILSON, DONALD  
Address: 6505 SANTA CLARA BLVD.  
City-St-Zip: FORT PIERCE, FL 34951

Title: S ( ) Delete  
Name: WILSON, PATRICIA  
Address: 6505 SANTA CLARA BLVD.  
City-St-Zip: FT. PIERCE, FL 34951

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: WILSON, DONALD  
Address: 7903 HOLOPAW AVENUE  
City-St-Zip: FT. PIERCE, FL 34951

Title: VP (X) Change ( ) Addition  
Name: WILSON, PATRICIA  
Address: 7903 HOLOPAW AVENUE  
City-St-Zip: FT. PIERCE, FL 34951

Title: T (X) Change ( ) Addition  
Name: WILSON, DONALD  
Address: 7903 HOLOPAW AVENUE  
City-St-Zip: FORT PIERCE, FL 34951

Title: S (X) Change ( ) Addition  
Name: WILSON, PATRICIA  
Address: 7903 HOLOPAW AVENUE  
City-St-Zip: FT. PIERCE, FL 34951

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: PATRICIA H. WILSON

VP

01/10/2006

Electronic Signature of Signing Officer or Director

Date