


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 10, 2006 8:00 am
Secretary of State

08-10-2006 90001 011 ***150.00

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|------------------------------------|--|---|
| DOCUMENT # P01000095355 | |  |
| 1. Entity Name ED-E-K-CARS INC. | | |

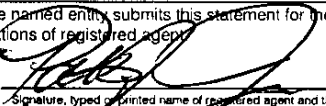
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| Principal Place of Business 9762 CREANSHAW CIRCLE CLERMONT, FL 34711 | Mailing Address 9762 CREANSHAW CIRCLE CLERMONT, FL 34711 |
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| 2. Principal Place of Business 1041 Sloans Ridge Rd. Suite, Apt. #, etc. | 3. Mailing Address 1041 Sloans Ridge Rd. Suite, Apt. #, etc. |
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|--------------------------------|-------------------------------|
| City & State Grove land, FL | City & State Grove land FL |
| Zip 34736 | Country Lake |
| Zip 34736 | Country |

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|---|--|--|--|
| 6. Name and Address of Current Registered Agent JERNIGAN, PATTI JO 836 W MONTROSE STREET SUITE # 1 CLERMONT, FL 34711 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
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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.

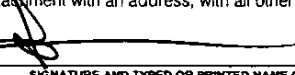
SIGNATURE  DATE 7-31-06

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| | | |
|---|--|---|
| FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. |
|---|--|---|

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D KAYE, EDWARD M 1041 Sloans Ridge Rd. Grove land, FL 34736 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Ridge Rd. 34736 address <input checked="" 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 |
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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.

SIGNATURE:  DATE 8/7/06 407-908-0080

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

50024854



07312006 Chg-P CR2E034 (11/05)