

## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

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|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|
| <b>DOCUMENT # P02000009653</b><br>1. Entity Name<br><b>ALL ABOUT AUTOMOBILE'S INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                     |                                                                                                                                                                                                                     |                                                                   |
| Principal Place of Business<br><b>815 S. SEMORAN BLVD.<br/>ORLANDO, FL 32822</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                     | Mailing Address<br><b>2508 WOODGATE BLVD.<br/>SUITE 207 BLD. 17<br/>ORLANDO, FL 32822</b>                                                                                                                           |                                                                   |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                     | 3. Mailing Address<br><b>1325 E. Harding St.</b><br>Suite, Apt. #, etc.                                                                                                                                             |                                                                   |
| City & State<br>Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                     | City & State<br><b>Orlando, FL</b><br>Zip<br><b>32806</b>                                                                                                                                                           |                                                                   |
| 4. FFI Number<br><b>01-0597730</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                     | Applied For<br><input type="checkbox"/> Not Applicable                                                                                                                                                              |                                                                   |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                     | <b>\$8.75 Additional Fee Required</b>                                                                                                                                                                               |                                                                   |
| 6. Name and Address of Current Registered Agent<br><b>WADE, STEVE E II<br/>1325 E. HARDING ST.<br/>SUITE 207 BLD. 17<br/>ORLANDO, FL 32806</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                     | 7. Name and Address of New Registered Agent<br>Name <b>Wade, Steve E II</b><br>Street Address (P.O. Box Number is Not Acceptable) <b>1325 E. Harding St.</b><br>City <b>Orlando</b> <b>FL</b> Zip Code <b>32806</b> |                                                                   |
| 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                     |                                                                                                                                                                                                                     |                                                                   |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2004 Fee will be \$550.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                     | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>                                                                                                 |                                                                   |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                     | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>                                                                                                                                                        |                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | P <input type="checkbox"/> Delete<br><b>WOODS, STEVE Wade, Steve E II</b><br><b>1325 E. HARDING ST.</b><br><b>ORLANDO, FL 32806</b> | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Delete                                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Delete                                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Delete                                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Delete                                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>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 exemption stated in Section 119.07(3)(f), 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 807, 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. |                                                                                                                                     |                                                                                                                                                                                                                     |                                                                   |
| <b>SIGNATURE:</b> <u>Steve Wade II Steve Wade II</u> <b>4-30-04 (407) 383-7110</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                     |                                                                                                                                                                                                                     |                                                                   |

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