## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # P02000051523**

1. Entity Name

AUTO SENSATION U.S.A., INC.



**FILED** Jul 11, 2006 08:00 AM Secretary of State

Principal Place of Business

4390 W. COLONIAL DR. ORLANDO, FL 32808 US Mailing Address

P 0 BOX 720217

ORLANDO, FL 32872

US



DO NOT WRITE IN THIS SPACE

CR2E034 (11/05) 07012006 No Chg-P

4. FEI Number 35-2168223

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BLANCHETTE, DANIEL PRESIDE P O BOX 720217 ORLANDO, FL 32872

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<ol><li>The above named entity submits this statement for the purpose of changing its registerer</li></ol>	office or registered agent, or both, in the State of Florida. I am familiar with, and accept
the obligations of registered agent.	

SIGNATURE

Signature, wood or punked name of regulated agont and the Lapore above.

(FIOTE: Registered Agent arginature required when constanting)

FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

U00000569240 07/11/06-80017-019 550.00

10. OFFICERS AND DIRECTORS TITLE BLANCHETTE, DANIEL PRESIDE NAME P O BOX 720217 STREET ADDRESS CITY-ST-ZP ORLANDO, FL 32872 TITLE MAME STREET ADDRESS CITY ST. 7IP DILE KAME STREET ADDRESS CITY ST- ZIP THE NAME STREET ADDRESS CITY ST ZIP TITLE NAME STREET ADDRESS CITY ST- ZIP THILE MAME STREET ADDRESS City-St-7IP

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12. Thereby 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 each; 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 like empowered.

SIGNATURE

TYPED OR PRINTED NAME OF SIGNING DEFICER OR DIRECTOR

407.521-9220 OFFICE