


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2006 8:00 am
Secretary of State

01-12-2006 90198 024 ***150.00

DOCUMENT # P02000055537	
1. Entity Name FINISH LINE AUTO & ACCESSORIES, INC.	

Principal Place of Business 30 ALMOND DRIVE RUN OCALA, FL 34472	Mailing Address 30 ALMOND DRIVE RUN OCALA, FL 34472
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2. Principal Place of Business 32 Almond Drive Run Suite, Apt. #, etc.	3. Mailing Address 32 Almond Drive Run Suite, Apt. #, etc.
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City & State Ocala Florida	City & State Ocala Florida
Zip 34472	Country U.S.A.

01092006 Chg-P CR2E034 (11/05)

4. FEI Number 81-0554710	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	
ARADINE, WILLIAM 30 ALMOND DRIVE RUN OCALA, FL 34472	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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 _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE	P, S <input type="checkbox"/> Delete
NAME	ARADINE, WILLIAM D
STREET ADDRESS	30 ALMOND DRIVE RUN
CITY-ST-ZIP	OCALA, FL 34472
TITLE	VP, T <input type="checkbox"/> Delete
NAME	ARADINE, LISA A
STREET ADDRESS	30 ALMOND DRIVE RUN
CITY-ST-ZIP	OCALA, FL 34472
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: William Aradine William Aradine 1/9/06 352-694-1157
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #