2006 FOR PROFIT CORPORATION

ANNUAL REPORT Apr 20, 2006 08:00 AN Secretary of State **DOCUMENT # P02000076829** 1. Entity Name BROTHER AUTO REPAIR, INC. Principal Place of Business Mailing Address 1095 N. COURTNEAY PARKWAY 1095 N. COURTNEAY PARKWAY MERRITT ISLAND, FL 32953 MERRITT ISLAND, FL 32953 CR2E034 (11/05) 04162006 No Chg-P DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 55-0788471 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent HOANG, Y DO NOT WRITE 1095 N. COURTNEAY PARKWAY MERRITT ISLAND, FL 32953 IN THIS SPACE 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 Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. PΠ TITLE NAME HOANG, Y STREET ADDRESS 1095 N. COURTNEAY PARKWAY CITY-ST-ZIP MERRITT ISLAND, FL 32953 U00000520098 05/02/06-80081-025 150.00 NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY -ST-ZIP NAME

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.

SIGN	ATU	RE:
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STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

WIGHTHER AND TYPE

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-17-06

Date

Daytime Phone #

FILED