2006 FOR PROFIT CORPORATION

FILED ANNUAL REPORT Apr 17, 2006 08:00 AN Secretary of State DOCUMENT # P02000079904 FINAL AUTO FINISH INCORPORATION Principal Place of Business Mailing Address 10424 138TH STREET NORTH 10424 138TH STREET NORTH LARGO, FL 33774 LARGO, FL 33774 03122006 No Cha-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 11-3643997 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent WHITELEY, RICHARD L DO NOT WRITE 10424 138TH STREET NORTH LARGO, FL 33774 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 Fiorida. 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) DATE 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 10. OFFICERS AND DIRECTORS TITLE U00000512207^M 04/29/06-80080-005 150.00^M WHITELEY, RICHARD L MAMP 10424 138TH STREET NORTH STREET ADDRESS City-St-ZiP LARGO, FL 33774 TITLE NAME STREET ADDRESS CITY - ST- ZIP IME NAME STREET ADDRESS DO NOT WRITE

CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 trusteed in powered 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:

CITY-ST-ZIP TITLE

STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

SNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

IN THIS SPACE