2006 FOR PROFIT CORPORATION

FILED ANNUAL REPORT Apr 27, 2006 08:00 AN Secretary of State **DOCUMENT # P02000107651** 1. Entity Name FLORIDA AUTO COLORS OF PALM BEACH CO., INC. Principal Place of Business Mailing Address 304 S DIXIE HWY E 304 S DIXIE HWY E POMPANO BEACH, FL 33060 POMPANO BEACH, FL 33060 CR2E034 (11/05) 03222006 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 43-2000013 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent COLBURN, RON DO NOT WRITE 4864 ROTHSCHILD DR CORAL SPRINGS, FL 33067 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) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE COLBURN, RON NAME STREET ADDRESS 4864 ROTHSCHILD DR CITY-ST-ZIP CORAL SPRINGS, FL 33067 TITLE NAME U00000539915 05/09/06-80121-004 150.00 STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP MILE 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

(ACK)

SIGNATURE:

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