2006 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 14, 2006 08:00 AM Secretary of State DOCUMENT # P02000115739 KTR AUTO CORPORATION Principal Place of Business Mailing Address 3400,S. ORANGE BLOSSOM TRAIL 3400 S. ORANGE BLOSSOM TRAIL ORLANDO, FL 32839 ORLANDO, FL 32839 No Chg-P 03282006 CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 38-3663448 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent FLETCHER, CHARLES DO NOT WRITE 3400 S. ORANGE BLOSSOM TRAIL ORLANDO, FL 32839 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, typed or primed name of registered agent and little # applicable (NOTE. Registered Agent signature required when relostating) 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 NAME FLETCHER, CHARLES STREET ADDRESS 3400 S. ORANGE BLOSSOM TRAIL ETTY-ST-ZE ORLANDO, FL 32829 TITLE U000001507670 04/27/06-80071-023 150.00 STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. I hereby certify that the information supplied with this filling does not quelify 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:

NAME STREET ADDRESS CITY-ST-ZIP

INATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/30/06

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