2005 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 15, 2005 08:00 AM Secretary of State DOCUMENT # P03000000233 1. Entity Name KNIGHTAUTO-CORP., INC. Principal Place of Business Mailing Address 7750 - 9 STREET SW VERO BEACH, FL 32968-9298 7750 - 9 STREET SW VERO BEACH, FL 32968-9298 No Cha-P CR2E034 (10/03) 04082005 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 42-1574694 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent KNIGHT, C. BREED JR DO NOT WRITE 7750 9TH ST SW VERO BEACH, FL 32968 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 printed name of registered agent and title if applicable. [NOTE Registered Agent signature required when reinstating) DATE \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE KNIGHT, C. REED JR. NAME STREET ADDRESS 7750 - 9 STREET SW U00000306480 04/15/05-80018-003 150.00 VERO BCH, FL 32968 CITY - ST - ZIP TITLE NAME 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 TITLE STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes 1 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: .

TITLE NAME STREET ADDRESS CITY-ST-ZIP

RINTED NAME OF SIGNING OFFICER OR DIRECTOR

Reed Knight, Jr.

FILED