## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## ANNUAL REPORT FILED **DOCUMENT # P03000001443** Mar 22, 2006 08:00 Al **Secretary of State** MCKENZIE AUTO CENTER, INC. Mailing Address Principal Place of Business 4410 North Federal Highway 4410 NORTH FEDERAL HIGHWAY FORT LAUDERDALE, FL 33308 FORT LAUDERDALE, FL 33308 (P03000001443P) CR2E034 (11/05) 03102006 No Chg-P DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 45-0503907 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MCKENZIE, LENWORTH DO NOT WRITE 4410 NORTH FEDERAL HIGHWAY FORT LAUDERDALE, FL 33308 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. (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if 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 D TIME MCKENZIE, LENWORTH NAME STREET ADDRESS 3420 NW 43RD AVENUE CITY-ST-2iP LAUDERDALE LAKES, FL 33319 U00000476362 ∕A62A6—80007-013 150.00 TITLE MCKENZIE, KAY A NAME 3420 NW 43RD AVENUE STREET ADDRESS CITY-ST-7P LAUDERDALE LAKES, FL 33319 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP 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 exemptions contained in Chapter 119, Florida Statut es. I further certify that the information inclicated 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.

Date

Daytime Phone #