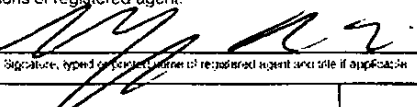


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2006 8:00 am
Secretary of State

02-20-2006 90026 015 ***150.00

DOCUMENT # P03000038738 1. Entity Name DEALER LOT MANAGEMENT INC.					
Principal Place of Business 699 MASON AVE DAYTONA BEACH, FL 32117			Mailing Address 539 N. OLEANDER AVE DAYTONA BEACH, FL 32118		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address 400 Seabreeze Blvd Suite, Apt. #, etc.		
City & State			City & State Daytona Beach FL		
Zip		Country		Zip 32118	
Country USA		4. FEI Number 75-3109887		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BRETZEL, MICHAEL R 539 N. OLEANDER AVE DAYTONA BEACH, FL 32118			7. Name and Address of New Registered Agent Name Michael Bretzel Street Address (P.O. Box Number is Not Acceptable) 400 SEABREEZE BLVD City DAYTONA BEACH FL Zip Code 32118		
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  DATE _____ (Signature, typed or printed name of registered agent and date if applicable) (NOTE: Registered Agent signature required when registering) (NOTE: Registered Agent signature required when registering)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ☐ Delete BRETZEL, MICHAEL R 539 N. OLEANDER AVE DAYTONA BEACH, FL 32118		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 400 SEABREEZE BLVD DAYTONA BEACH FL 32118	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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 an address, with all other like empowered.					
SIGNATURE: 			Michael Bretzel 2/8/2006 3862537744		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

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