

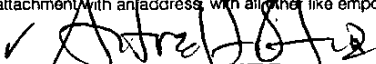


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90096 002 ***150.00

DOCUMENT # P03000039506 1. Entity Name STEINER AUTOMOTIVE, INC.			
Principal Place of Business 4300 W. CYPRESS STREET SUITE 150 TAMPA, FL 33607		Mailing Address 4300 W. CYPRESS STREET SUITE 150 TAMPA, FL 33607	
2. Principal Place of Business 401 S. ALBANY AVE Suite, Apt. #, etc.		3. Mailing Address 401 S. ALBANY AVE Suite, Apt. #, etc.	
City & State TAMPA FL Zip 33606		City & State TAMPA, FL Zip 33606	
4. FEI Number 27-0054850		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TAYLOR, J. ERIC 101 E. KENNEDY BLVD., SUITE 2700 TAMPA, FL 33602		7. Name and Address of New Registered Agent Name STEINER, NELSON C Street Address (P.O. Box Number is Not Acceptable) 401 S. ALBANY AVE City TAMPA FL Zip Code 33606	
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  NELSON C. STEINER <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	D STEINER, ALFRED E II 4300 W. CYPRESS STREET TAMPA, FL 33607	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP 401 S. ALBANY AVE TAMPA, FL 33606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEINER, NELSON C 4300 W. CYPRESS STREET TAMPA, FL 33607	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP 401 S. ALBANY AVE TAMPA, FL 33606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> 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:  ALFRED F STEINER II <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date (813) 350-9199 <small>Daytime Phone #</small>	