2006 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P03000058325

1. Entity Name HOW YA DOIN AUTO, INC.

Secretary of State 02-08-2006 90005 019 ***150.00

FILED Feb 08, 2006 8:00 am

Principal Place of Business

Mailing Address

10022 HIGHCREST LN NEW PORT RICHEY, FL 34654 10022 HIGHCREST LN NEW PORT RICHEY, FL 34654

02012006

No Chg-P

CR2E034 (11/05)

4. FEI Number 57-1169704

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TABONE, GEORGE 10022 HIGHCREST LN NEW PORT RICHEY, FL 34654

SIGNATURE: 4

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				114	THO OF AGE
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					
Signature, typed or printed name of registered agent and title it applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		Election Campaign Finance Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TABONE, GEOGRE 10022 HIGHCREST LN NEW PORT RICHEY, FL 34654				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TABONE, KAREN A 10022 HIGHCREST LN NEW PORT RICHEY, FL 34654				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			-	IN '	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		**************************************			
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
12. I hereby certify that the information supplied with this filling 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.					

George Tabone

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR