2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000063880

Entity Name: FIVE STAR AUTO, INC.

FILED Feb 23, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1255 BELLE AVENUE STE 111

WINTER SPRINGS, FL 32708

Current Mailing Address: New Mailing Address:

1255 BELLE AVENUE STE 111

WINTER SPRINGS, FL 32708

FEI Number: 20-0036755 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SHOENER, STEVE P ACOSTA, ALDO 1255 BELLE AVENUE 1255 BELLE AVENUE STE 111 STE 111

WINTER SPRINGS, FL 32708 US WINTER SPRINGS, FL 32708 US

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.

SIGNATURE: ALDO ACOSTA 02/23/2006

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PP () Delete Title: PP (X) Change () Addition

 Name:
 SHOENER, STEVE P
 Name:
 ACOSTA, ALDO

 Address:
 5378 LAKE BLUFF TERRACE
 Address:
 3545 OHIO AVE.

 City-St-Zip:
 LAKE FOREST, FL 32771
 City-St-Zip:
 SANFORD, FL 32773

 $\label{eq:title:state} \begin{tabular}{lll} Title: & S,T & () Delete & Title: & S,T & (X) Change () Addition \\ \end{tabular}$

 Name:
 SHOENER, JULIE A
 Name:
 ACOSTA, MARIBEL

 Address:
 5378 LAKE BLUFF TERRACE
 Address:
 3545 OHIO AVE

 City-St-Zip:
 LAKE FOREST, FL 32771
 City-St-Zip:
 SANFORD, FL 32773

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALDO ACOSTA PP 02/23/2006