


2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000077301	
1. Entity Name THE TIRE CHOICE & TOTAL CAR CARE COMPANY	

Principal Place of Business 5899 NW 9TH AVE FT LAUDERDALE, FL 33309	Mailing Address 5899 NW 9TH AVE FT LAUDERDALE, FL 33309
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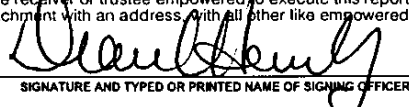
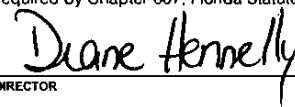
DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent MCNERNEY, MICHAEL J 200 EAST LAS OLAS BLVD, SUITE 1900 FT LAUDERDALE, FL 33301	DO NOT WRITE 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.	

SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		DATE _____
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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
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10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO HENNELLY, DANIEL W MR 5899 NW 9TH AVE FORT LAUDERDALE, FL 33309	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO HENNELLY, DIANE C MRS 5899 NW 9TH AVE FORT LAUDERDALE, FL 33309	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME 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 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:   4/20/06 (954) 917-5400	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	

FILED
06 MAY -3 AM 10:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04172006 No Chg-P CR2E034 (11/05)

4. FEI Number 06-1638968	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

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06/12/06--01021--003 **158.75