


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 31, 2006 8:00 am**  
**Secretary of State**

07-31-2006 90006 003 \*\*\*150.00

<b>DOCUMENT # P03000147344</b> 1. Entity Name AUTOFORM USA INC.	
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Principal Place of Business 707-M SAMMS AVE PORT ORANGE, FL 32129	Mailing Address 707-M SAMMS AVE PORT ORANGE, FL 32129
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**50023598**

**DO NOT WRITE IN THIS SPACE**



07252006 No Chg-P CR2E034 (11/05)

4. FEI Number 54-2136191	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  BABINSKY, KIMBERLY 707-M SAMMS AVE PORT ORANGE, FL 32129 ORANGE
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**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.

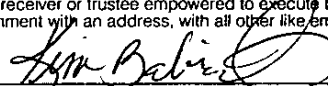
SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEES \$150.00</b> <b>Due by September 6, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	President BABINSKY, KIMBERLY 322 HARTFORD AVE DAYTONA BCH, FL 32118
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Vice President Babinsky, Jeffrey 322 Hartford, Ave Daytona Bch, FL 32118
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE  
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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:**  **Kim Babinsky** **6/30/06** **386-304-7770**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #