2006 FOR PROFIT CORPORATION

FILED ---- ANNUAL REPORT Feb 08, 2006 08:00 AM Secretary of State DOCUMENT # P03000151226 1. Entity Name KEITH'S AUTO BODY, INC. Principal Place of Business Mailing Address 11050 70TH AVE NORTH 11050 70TH AVE NORTH SEMINOLE, FL 33772 SEMINOLE, FL 33772 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 54-2137091 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE MINUTOLO, KEITH A 11050 70TH AVE NORTH SEMINOLE, FL 33772 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE PTSD MINUTOLO, KEITH A NAME 11050 70TH AVE NORTH STREET ADDRESS SEMINOLE, FL 33772 CITY-ST-ZIP TITLE '18/06-80070-011 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME DO NOT WRITE STREET ADDRESS CITY-ST-ZIP THIS SPACE TITLE NAME STREET ADDRESS CITY-SY-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. Thereby 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.

SIGNATURE:

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/3/04 727.391.1398 Date Dayling Phone #