2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jun 14, 2005 08:00 AM DOCUMENT # P03000154938 1. Entity Name **Secretary of State** BRC'S AUTOS, INC. Principal Place of Business Mailing Address 1828 N WASHINGTON BLVD 1828 N WASHINGTON BLVD SARASOTA, FL 34234 SARASOTA, FL 34234 06092005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 54-2142014 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent TOMPKINS, HELEN DO NOT WRITE 1828 N WASHINGTON BLVD SARASOTA, FL 34234 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) DATE FILE NOW!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the Due by September 7, 2005 Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. 10. OFFICERS AND DIRECTORS D TITLE TOMPKINS, HELEN NAME STREET ADDRESS 1828 N WASHINGTON BLVD CITY-ST-ZIP SARASOTA, FL 34234 U00000363556 06/14/05-80001-011 150.00 TITLE D TOMPKINS, RONALD STREET ADDRESS 1828 N WASHINGTON BLVD CITY-ST-ZIP SARASOTA, FL 34234 IIILE TOMPKINS, THOMAS H NAME 1828 N. WASHINGTON BLVD. STREET ADDRESS DO NOT WRITE CITY-ST-ZIP SARASOTA, FL 34234 nnFIN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITIF NAME

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

STREET ADDRESS CITY-ST-ZIP