

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # P04000066204</b> 1. Entity Name HOUSE OF CARZ, INC.				<b>FILED</b> 07 JAN -3 AM 10:21 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 1351 US HWY 27 S LAKE PLACID, FL 33853 US		Mailing Address 1351 US HWY 27 S LAKE PLACID, FL 33853 US		 12292006 REINSTATEMENT CR2E098 (4/1/06) REINSTATEMENT 06-07-	
2. Principal Place of Business 1331 US HWY 27 South Suite, Apt. #, etc.		3. Mailing Address 1331 US HWY 27 South Suite, Apt. #, etc.			
City & State Lake Placid		City & State Lake Placid			
Zip 33852		Country USA		4. FET Number 80-0107791	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required		WOP	
6. Name and Address of Current Registered Agent ELYAMAN, ADNAN Y 193 W FROSTPROOF BAPTIST CHURCH RD FROSTPROOF, FL 33843		7. Name and Address of New Registered Agent Name Adnan Y Elyaman Street Address (P.O. Box Number is Not Acceptable) 5724 Wynstone Lane City Zephyrhills FL Zip Code 33542			
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 12/29/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After January 1, 2007, Fee will be \$300.00</b>				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D,C ELYAMAN, ADNAN Y P.O. BOX 513 FROSTPROOF, FL 33843	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D.C ELYAMAN, ADNAN Y 5724 Wynstone Lane Zephyrhills, FL 33542	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P,T ELYAMAN, ADNAN Y P.O. BOX 513 FROSTPROOF, FL 33843	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.T ELYAMAN, ADNAN Y 5724 Wynstone Lane Zephyrhills FL 33542	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP,S ELYAMAN, ALICE K P.O. BOX 513 FROSTPROOF, FL 33843	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP,S ELYAMAN, ALICE K 5724 Wynstone Lane Zephyrhills FL 33542	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	000083006590 01/03/07--01057--004 **300.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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:  DATE 12/29/06 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					