


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90429 007 ***150.00

DOCUMENT # P04000067990	
1. Entity Name AUTOW RESCUE TOWING INC.	

Principal Place of Business 2638 LEHIGH AVE KISSIMMEE, FL 34741	Mailing Address 2638 LEHIGH AVE KISSIMMEE, FL 34741
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50018270



2. Principal Place of Business 2660 N. O.B.T.	3. Mailing Address 2660 N. O.B.T.
Suite, Apt. #, etc. # 6	Suite, Apt. #, etc. # 6

01062006 Chg-P CR2E034 (11/05)

City & State Kissimmee, Florida	City & State Kissimmee, FL
Zip 34741	Country USA

4. FEI Number 20-0948042	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent GALVEZ, ANGEL + Elizabeth 2638 LEHIGH AVE KISSIMMEE, FL 34741	
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7. Name and Address of New Registered Agent Name Angel or Elizabeth Galvez Street Address (P.O. Box Number is Not Acceptable) 2660 N. O.B.T. #6 City Kissimmee FL Zip Code 34741	
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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]* (NOTE: Registered Agent signature required when reinstating) DATE _____

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	<input type="checkbox"/> Delete	TITLE P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GALVEZ, ANGEL		NAME GALVEZ, ANGEL	
STREET ADDRESS 2638 LEHIGH AVE		STREET ADDRESS 2638 LEHIGH AVE	
CITY-ST-ZIP KISSIMMEE, FL 34741		CITY-ST-ZIP KISSIMMEE, FL 34741	
TITLE VP	<input type="checkbox"/> Delete	TITLE VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GALVEZ, ELIZABETH		NAME GALVEZ, ELIZABETH	
STREET ADDRESS 2638 LEHIGH AVE		STREET ADDRESS 2638 LEHIGH AVE	
CITY-ST-ZIP KISSIMMEE, FL 34741		CITY-ST-ZIP KISSIMMEE, FL 34741	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: *[Signature]* **4-14-06** **407-414-1625**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #