

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 28, 2005 8:00 am
Secretary of State

06-10-2005 90048 003 ***150.00

DOCUMENT # P04000085370 1. Entity Name AUTOKLIN MOTORS, INC.					
Principal Place of Business 1227 VAN BUREN STREET HOLLYWOOD, FL 33020			Mailing Address 1227 VAN BUREN STREET HOLLYWOOD, FL 33020		
2. Principal Place of Business 1227 Van Buren St Suite, Apt. #, etc.		3. Mailing Address 3582 SW 68 way Suite, Apt. #, etc.			
City & State Hollywood		City & State MIRAMOR FL.		4. FEI Number 20-1547090	
Zip FL		Country 33020		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ODAIYAR, WAILU 1227 VAN BUREN STREET HOLLYWOOD, FL 33020		7. Name and Address of New Registered Agent Name THEOMANA MC ALLISTER Street Address (P.O. Box Number is Not Acceptable) 3582 SW 68 way City MIRAMOR FL Zip Code 33023			
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 Theomana Mc Allister Theomana McAllister (TRES) 6/3/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE</small>					
FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRES ODAIYAR, WAILU 1227 VAN BUREN STREET HOLLYWOOD, FL 33020 <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	TRES MCALLISTER, THEOMANA 1227 VAN BUREN STREET HOLLYWOOD, FL 33020 <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	
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 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: Wailu Odaiyar (PRES) Wailu Odaiyar 6/3/05 (305) 305-6822 <small>SIGNATURE AND TYPED OR PRINTED NAME OF AGING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

66023898



05122005 Chg-P CR2E034 (10/03)