


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**

66023898



2. Principal Place of Business
1227 Van Buren St

3. Mailing Address
3582 SW 68 way

Suite, Apt. #, etc.

05122005 Chg-P CR2E034 (10/03)

City & State
Hollywood

City & State
MIRAMON FL.

Zip
FL

Country
33020

Zip
33023

Country
USA

4. FEI Number
20-1547090

Applied For
 Not Applicable

5. Certificate of Status Desired **\$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 **MIRAMON 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 (PRES) 6/3/05**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$550.00
 Due by September 7, 2005**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

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	TRES MCALLISTER, THEOMANA 1227 VAN BUREN STREET HOLLYWOOD, FL 33020	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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"/> Change <input type="checkbox"/> Addition
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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 Odiyar (PRES)** **WAILU ODIYAR 6/3/05 (305) 305-6822**
SIGNATURE AND TYPED OR PRINTED NAME OF AGING OFFICER OR DIRECTOR DATE DAYTIME PHONE #