2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Aug 21, 2006 8:00 am Secretary of State DOCUMENT # P04000120443 1. Entity Name 08-21-2006 90005 013 ***550.00 J & H AUTOMOTIVE, INC. Principal Place of Business Mailing Address 4433 17TH STREET W 4433 17TH STREET W **BRADENTON FL 34207-1302 BRADENTON FL 34207-1302** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 2nd MOORE CR2E034 (4/06) 4. FEI Number Applied For City & State City & State 20-1547.649 Not Applicable \$8.75 Additional Country Country Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent THOMAS JENKINS, JOHN 2970 WILDERNESS BLVD E PARRISH FL 34219 Zip Code SMARCHION 94209 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. THOMAS SIGNATURE -FILE NOW!!! FEE(IS:\$550.00 S.607, 193(2)(b), F.S., allows for the waiver of the \$400.00 \$5.00 May Be 9. Election Campaign Financing DUE BY September 6, 2006 tate fee. By checking this box, the corporation certifies it did Added to Fees Trust Fund Contribution. Make Check Payable to Florida Department of State not receive prior notice. Fee to file is \$150.00. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE TITLE Change ☐ Addition JENKINS, JOHN NAME NAME 2970 WILDERNESS BLVD E STREET ADDRESS STREET ADDRESS PARRISH FL 34219 CITY-ST-ZIP CITY-ST-7IP PALSIBENT TITLE ☐ Delete TITLE ☐ Chance Addition HOUCK, THOMAS NAME NAME 1408 61ST STREET NW STREET ADDRESS STREET ADDRESS **BRADENTON FL 34209** CITY-ST-ZIP CITY-ST-ZIP Delete HHE Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP ☐ Defete TIRE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-S1-ZIP CITY-ST-ZIP Detete ШŒ TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADORESS CITY - ST - ZIP CITY-ST-ZIP 1 hereby certify that the information supplied with this filling 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

FILED