2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jun 21, 2005 8:00 am Secretary of State

Principal Place of Business 4321 PALM BEACH BLVD. FORT MYERS, FL 33905 2. Principal Place of Business 3. Mailing Address 4. FEI Number 3. CR2E034 (10/03) 4. FEI Number 3. CR2E034 (10/03) 5. Cratificate of Stelus Desired 3. Serial Additional Peer Required 4. FEI Number 4. FEI Number 5. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent 8. Server Address (P.O. Box Number is Not Acceptable) 6. Street Address (P.O. Box Number is Not Acceptable) 6. Street Address (P.O. Box Number is Not Acceptable) 7. FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. 8. Street Address (P.O. Box Number is Not Acceptable) 6. Street Address (P.O. Box Number is Not Acceptable) 7. Name and Address of New Registered Agent 8. Street Address (P.O. Box Number is Not Acceptable) 8.
Suite, Apt. #, etc. Suite, Ap
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6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CANDY, JEREMIAH D 4830 PALM BEACH BLVD. FORT MYERS, FL 33905 City FL Zip Code 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 Somewa, byead or printed name of impatiened agent and after 4 applicable. PILE NOWILL FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. Delete ITILE PORTIN, CAROLYN G STREET ADDRESS 4830 PALM BEACH BLVD. CITY ST-2P FORT MYERS, FL 33905 FE Required 7. Name and Address of New Registered Agent Name Name Street Address (P.O. Box Number is Not Acceptable) For Election Campaign is registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature Somewa, byead or printed name of impatiened agent and after 4 applicable. PORTIN, CAROLYN G STREET ADDRESS 4830 PALM BEACH BLVD. CITY ST-2P FORT MYERS, FL 33905 FF MYERS FL 33901 ITILE MAVE Delate TITLE MAVE Addition ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Change Addition Addition ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ADDITIONS/CHANGES TO OFFICERS AND
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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: Carolyn & Fortin Carolyn & Fortin 5-31-05

Carter thomas auto Mat Inc 2721 fowler St. ATTACHMENT Ft myers FL 23901 (66023604) # PO4000129144

Our Office Made a Mistake and did not mail this intime. Thank you for your Help!

Carolyn Fortin