## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P05000080588

Entity Name: IMMACULATE AUTO REFINISHING AND DETAILING INC.

FILED Feb 15, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

11030 NW 40 ST 4101 N HIATUS ROAD

SUNRISE, FL 33351 402

SUNRISE, FL 33351

Current Mailing Address: New Mailing Address:

11030 NW 40 ST 4101 N HIATUS ROAD SUNRISE, FL 33351 402

SUNRISE, FL 33351

FEI Number: 30-0318449 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

PHILLIPS, JOHN ATY@LAW

1401 S ANDRES AVE

FT LAUDERDALE, FL 33316 US

PHILLIPS, JOHN ATY@LAW

4101 N HIATUS ROAD

402

SUNRISE, FL 33351 US

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.

SIGNATURE: ARLLES ANDERSON 02/15/2006

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 PD () Delete
 Title:
 PD (X) Change () Addition

 Name:
 ANDERSON, ARLLES
 Name:
 ANDERSON, ARLLES

 Address:
 11030 NW 40 ST
 Address:
 4101 N HIATUS ROAD, 402

11030 NW 40 ST Address: 4101 N HIATUS ROAD, 40 SUNRISE, FL 33351 City-St-Zip: SUNRISE, FL 33351

Title: D ( ) Delete Title: D (X) Change ( ) Addition Name: ANDERSON, NARYANN Name: ANDERSON, MARYANN

 Address:
 11030 NW 40 ST
 Address:
 4101 N HIATUS ROAD, 402

 City-St-Zip:
 SUNRISE, FL 33351
 City-St-Zip:
 SUNRISE, FL 33351

Title: PD ( ) Delete Title: D (X) Change ( ) Addition

 Name:
 DAVIS, COURTNEY
 Name:
 DAVIS, COURTNEY

 Address:
 11030 NW 40 ST
 Address:
 4101 N HIATUS ROAD, 402

 City-St-Zip:
 SUNRISE, FL 33351
 City-St-Zip:
 SUNRISE, FL 33351

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ARLLES ANDERSON PD 02/15/2006