2006 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 06, 2006 8:00 am Secretary of State 3/ DOCUMENT # P05000104213 1. Entity Name NATIONWIDE FLEET SERVICES, INC. 03-24-2006 90017 041 ***150 00 Principal Place of Business Mailing Address 1216 PALM BREEZE COURT 1216 PALM BREEZE COURT LAKE MARY, FL 32746 LAKE MARY, FL 32746 2. Principal Place of Business 3. Mailing Address 882 E. SEMORAN 882 6. SEMORAN BLUD Suite, Apt. #, etc. Suite, Apt. #, etc. 03212006 Chg-P CR2E034 (11/05) City & State APOPKA City & State APOPKA 4. FFI Number Applied For 20-3200285 Not Applicable ^{Zip} う2703 Country \$8.75 Additional 5. Certificate of Status Desired П BR USA 32703 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FOUQUE, HUBERT K Street Address (P.O. Box Number is Not Acceptable) 1216 PALM BREEZE COURT LAKE MARY, FL 32746 City 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 lamiliar with, and accept the obligations of registered agent SIGNATURE. Signature, typed or printed name of requirement agent and intel-4 applicable. (NOTE: Registered Agent aignature required when reinstating) DATE \$5.00 May Be 9. Election Campaign Financing FiLE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. P,D Delete TITLE TITLE ☐ Change ■ Addition FOUQUE, HUBERT K NAVE NAME STREET ADORESS STREET ADDRESS 1216 PALM BREEZE COURT CITY-ST-ZIP CITY-ST-78 LAKE MARY, FL 32746 TITLE ☐ Defete TITLE ☐ Chance Addition NAME NAME STREET ADDRESS STREET ADDRESS CRY-ST-ZIP CITY - ST- 7(P Detete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS Cf1 Y - ST - 212 COY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS COY-ST-718 CITY-ST-7/P TITLE Delete TITLE ☐ Change ☐ Addition NAME HAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP > CITY-ST-7/2 ☐ Defete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. Thereby certify that the information supplied with this filing 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

EGNATURE AND TYPED OR PRINTED AND OF SIGNING OFFICER OR DIRECTOR

03/31/06

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