2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000125400

Entity Name: CAR WASH SUPPLIERS, INC.

FILED Mar 22, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 3511 S. PENINSULA DR 1786 DUNLAWTON AVE. PORT ORANGE, FL 32127 PORT ORANGE, FL 32127 **Current Mailing Address: New Mailing Address:** 3511 S. PENINSULA DR 1786 DUNLAWTON AVE PORT ORANGE, FL 32127 PORT ORANGE, FL 32127 FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired () Name and Address of New Registered Agent: Name and Address of Current Registered Agent: SOLOMON, STANLEY J. BARRETT, JACK N 3511 S. PENINSULA DR 1786 DUNLAWTON AVE PORT ORANGE, FL 32127 US PORT ORANGE, FL 32127 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: JACK N. BARRETT 03/22/2006 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition SOLOMON, STANLEY J. BARRETT, JACK N Name: Name: 49 VILLAGE DR. 1786 DUNLAWTON AVE. Address: Address: ORMOND BEACH, FL 32174 City-St-Zip: City-St-Zip: PORT ORANGE, FL 32127 () Delete Title: **PRES** () Change (X) Addition Title: Name: Name: BARRETT, JACK N 1786 DUNLAWTON AVE Address: Address: PORT ORANGE, FL 32127 City-St-Zip: City-St-Zip: Title: Title: () Delete () Change (X) Addition BARRETT, LAURIE P Name: Name: 1786 DUNLAWTON AVE Address Address: City-St-Zip: City-St-Zip: PORT ORANGE, FL 32127 Title: () Delete Title: SECT () Change (X) Addition BARRETT, LAURIE P Name: Name: Address: Address: 1786 DUNLAWTON AVE. City-St-Zip: City-St-Zip: PORT ORANGE, FL 32127 Title: Title: () Change (X) Addition () Delete BARRETT, LAURIE P Name: Name: Address: Address: 1786 DUNLAWTON AVE City-St-Zip: City-St-Zip: PORT ORANGE, FL 32127

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: JACK N. BARRETT PRES 03/22/2006