2006 FOR PROFIT CORPORATION ANNUAL REPORT

Jul 28, 2006 8:00 am **Secretary of State** DOCUMENT # P05000163720 07-28-2006 90033 004 ***150.00 STATEWIDE AUTO LIQUIDATIONS, INC. Principal Place of Business Mailing Address 5320 EDGEWATER DR 5320 EDGEWATER DR ORLANDO, FL 32810 ORLANDO, FL 32810 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 07262006 CR2E034 (11/05) Cha-P City & State City & State 4. FEI Number Applied For 20 -4025092 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MAGILL, PATRICK M ESQ. Street Address (P.O. Box Number is Not Acceptable) 1234 E CONCORD ST ORLANDO, FL 32803 City Zip Code FL 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Due by September 6, 2006 Added to Fees corporation did not receive the prior notice. 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addition WARD, MALCOLM NAME NAME STREET ADDRESS 5320 EDGEWATER DR STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32810 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition WARD, LINDA NAME NAME STREET ADDRESS 5320 EDGEWATER DR STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32810 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY+ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TIT) F Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby 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 a powered 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:

MAZCOMWARD SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

ATTACHMENT

STATEWIDE AUTO LIQUIDATIONS

5320 Edgewater Dr. Orlando, FL 32870 PH: (407) 295-5333

4010 | 245

P05000163736

7.26.06.

In Perence to the 2006 Annual Report for Statewide Auto Liquidations I did not receive the information in the mail. This is my first year as a corporation and I did not know I had to file. Thank you for your consideration in this matter.

Sincerely A

MARCOUM WARD