2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

Jan 18, 2006 08:00 AM Secretary of State DOCUMENT # P93000088020 AUTÓ MASTERS OF OCALA, INC. Principal Place of Business Mailing Address 1851 S. PINE AVE. 3910 S.W. 7TH AVENUE OCALA, FL 34474 OCALA, FL 34474 01162006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3213390 Not Applicable \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE CHANDLER, JAMES H 3910 S.W. 7TH AVENUE OCALA, FL 34474 IN THIS SPACE 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. (NOTE Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Un000039065**8** Added to Fees 01/24/06-80007-015 150.00 10. OFFICERS AND DIRECTORS **PSTD** TALE CHANDLER, JAMES H NAME 3910 S.W. 7TH AVE. STREET ADDRESS CITY-ST-ZIP OCALA, FL 34474 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE City-ST-ZIP TITLE IN THIS SPACE STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS 12. I hereby certify that the information supplied with this filling 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 recover 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.

nes H Maniler 1/16/00

FILED