
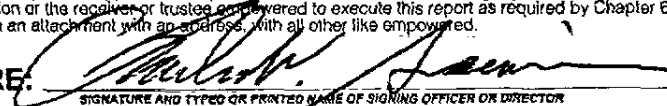


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 31, 2006 08:00 AM
Secretary of State

DOCUMENT # P94000013111		
1. Entity Name GEIMAN'S DEALERSHIP ALTERNATIVE INC.		
Principal Place of Business 5415 S. DIXIE HWY. WEST PALM BEACH, FL 33405	Mailing Address 5415 S. DIXIE HWY. WEST PALM BEACH, FL 33405	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent CORPORATE CREATIONS ENTERPRISES INC. 941 FOURTH STREET #200 MIAMI, FL 33139		DO NOT WRITE 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.		
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTDS GEIMAN, CHARLES W C/O 1524C FOREST LAKES CIRCLE W. PALM BEACH, FL 33406	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GEIMAN, STEVEN W C/O 2180 MONICA DRIVE W. PALM BEACH, FL 33415	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS 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 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 1-27-06 581-586-6007 <small>Daytime Phone #</small>



01212006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0467680	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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02/10/06-80003-010 150.00

**DO NOT WRITE
IN THIS SPACE**