2004 FOR PROFIT CORPORATION ANNUAL REPORT

May 03, 2004 8:00 am Secretary of State DOCUMENT # P94000043132 05-03-2004 90425 006 ***150.00 BAVARIAN CAR CONNECTION INC. Principal Place of Business Mailing Address 4199 MAYFAIR LANE 4199 MAYFAIR LANE PORT ORANGE, FL 32129 PORT ORANGE, FL 32129 US 2. Principal Place of Business 3. Mailing Address 2425 Royal Rd 2425 Roi Suite, Apt. #, etc. Suite. Apt. #. etc. 03292004 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For Delan 59-3256064 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SCHREINEL, GERHARD, 4199 MAYFAIR LANE PORT ORANGE, FL 32129 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 Signature, typed or printed name of registered agent and title if applicable. (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, 2004 Fee will be \$550.00 Trust Fund Contribution Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. TITLE ☐ Delete TITLE Change SCHREIMEL, GERHARD NAME NAME 4199 MAYFAIR LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PORT ORANGE, FL 32129 CITY-ST-ZIP (Change TRUE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP ☐ Delete TITLE Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ___ Addition TIDE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Defete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZiP 12. I hereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this report or suppliemental 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: X SNING OFFICER OR DIRECTOR OERHBLD GOHREIMEL

FILED