2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 20, 2006 08:00 AM Secretary of State DOCUMENT # P94000043132 1. Entity Name BAVARIAN CAR CONNECTION INC. Principal Place of Business Mailing Address 2425 ROYAL RD 2425 ROYAL RD DELAND, FL 32724 DELAND, FL 32724 US 04082006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3256064 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 8. Name and Address of Current Registered Agent DO NOT WRITE SCHREINEL, GERHARD 2425 ROYAL RD DELAND, FL 32724 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. (NOTE: Registered Agent signature required when reinstating DATE Signature, typed or printed name of registered agent and the if applicable 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE NAME SCHREIMEL, GERHARD 2425 ROYAL RD SERVET ADDRESS U00000521819 05/03/06-80005-002 150.80 CITY-ST-ZIP DELAND, FL 32724 NAME STREET ADDRESS CITY-ST-ZIP 7111 E NAME STREET ADDRESS DO NOT WRITE ENY-ST-ZP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CHY-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 &

TITLE NAME STREET ADDRESS CITY-ST-ZIP

FILED