



2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 19, 2005 08:00 AM
Secretary of State

DOCUMENT # P94000044480 1. Entity Name CHANG'S CAR CARE INC.					
Principal Place of Business 2714 ORLANDO DR. UNIT 1 SANFORD FL 32773 US			Mailing Address 2714 ORLANDO DR. UNIT 1 SANFORD FL 32773 US		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3249490 <div style="float: right; text-align: right;"> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable </div>	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	


 1st MOORE CR2E034 (10/04)

6. Name and Address of Current Registered Agent BEVERLY MORRIS 1121 N. PINE HILLS ROAD ORLANDO FL 32773			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code 		
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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 _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	NAME	Delete <input type="checkbox"/>	TITLE	NAME	Delete <input type="checkbox"/>	Change <input type="checkbox"/>	Addition <input type="checkbox"/>
STREET ADDRESS	CHANG, SHELDON H.		STREET ADDRESS				
CITY - ST - ZIP	1244 TWIN RIVERS BLVD		CITY - ST - ZIP				
	OVIEDO FL 32766						
TITLE	VP	Delete <input type="checkbox"/>	TITLE			Change <input type="checkbox"/>	Addition <input type="checkbox"/>
NAME	CHANG, GLORIA		NAME				
STREET ADDRESS	106 RAMBLEWOOD DR.		STREET ADDRESS				
CITY - ST - ZIP	SANFORD FL 32773		CITY - ST - ZIP				
TITLE	T	Delete <input type="checkbox"/>	TITLE			Change <input type="checkbox"/>	Addition <input type="checkbox"/>
NAME	GLORIA CHANG		NAME				
STREET ADDRESS	106 RAMBLEWOOD DR.		STREET ADDRESS				
CITY - ST - ZIP	SANFORD FL 32773		CITY - ST - ZIP				
TITLE	S	Delete <input type="checkbox"/>	TITLE			Change <input type="checkbox"/>	Addition <input type="checkbox"/>
NAME	CHANG, SHELDON		NAME				
STREET ADDRESS	1244 TWIN RIVERS DR.		STREET ADDRESS				
CITY - ST - ZIP	OVIEDO FL 32766		CITY - ST - ZIP				
TITLE		Delete <input type="checkbox"/>	TITLE			Change <input type="checkbox"/>	Addition <input type="checkbox"/>
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY - ST - ZIP			CITY - ST - ZIP				
TITLE		Delete <input type="checkbox"/>	TITLE			Change <input type="checkbox"/>	Addition <input type="checkbox"/>
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 exemption stated in Section 119.07(3)(i), 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: Gloria Chang TRACER / VP. 4/12/05 407 322 4924
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #