2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

of changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

FILED Apr 27, 2006 08:00 AN Secretary of State DOCUMENT # P94000051503 1. Entity Name SOUTHERN AUTO, INC. Principal Place of Business Mailing Address 2526 RIVERTREE CIRCLE 2526 RIVERTREE CIRCLE SANFORD FL 32771 SANFORD FL 32771 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE GR2E034 (10/05) Applied For City & State City & State 4. FEI Number 59-3257998 Not Applicable Zip Country Zip 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 DUDLEY, NORMAN Street Address (P.O. Box Number is Not Acceptable) 2526 RIVERTREE CIR SANFORD FL 32771 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registored 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 FILE NOW!!! FEE IS \$150,00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550,00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Delete ☐ Change ☐ Addition TITLE TITLE MARAF DUDLEY, NORMAN NAME U00000538344 STREET ADORESS STREET ADDRESS 2526 RIVERTREE CIR 05/09/06-80055-002 150.00 CITY-ST-ZIP CITY-ST-ZIP SANFORD FL 32771 ☐ Delete HILE Change ☐ Addition TITLE NAME DUDLEY, DOROTHY MARKE STREET ADDRESS STREET ADDRESS 2526 RIVERTREE CIR CITY ST-ZIP CITY - ST - ZIP SANFORD FL 32771 ☐ Delote RILE Change Addition THE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP ☐ Delete TITLE ☐ Change TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS C019-S1-7/P CRTY - ST - 7% ☐ Delete TITLE ☐ Change ☐ Addition MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ 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 qualify for the exemptions contained in Section 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

OF SIGNING OFFICER OR DIRECTOR

Ozylimo Phone #