2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000056220

FILED Apr 28, 2006 Secretary of State

Entity Name: BM WHOLESALE AUTOMOTIVE, INC. **Current Principal Place of Business: New Principal Place of Business:** 11089 CRYSTAL LYNN CT N JACKSONVILLE, FL 32226 US **Current Mailing Address: New Mailing Address:** 11089 CRYSTAL LYNN CT N JACKSONVILLE, FL 32226 US FEI Number: 59-3257939 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HICKS, CHERYL 11089 CRYSTAL LYNN CT N JACKSONVILLE, FL 32226 US 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete Title: (X) Change () Addition HICKS, CHERYL A Name: HICKS, CHERYL A

Title: Name: 11089 CRYSTAL LYNN CT N 11089 CRYSTAL LYNN CT N Address: Address: City-St-Zip: JACKSONVILLE, FL 32226 City-St-Zip: JACKSONVILLE, FL 32226

Title: (X) Delete Title: () Change () Addition

Name: HICKS, WALTER G Name: 11089 CRYSTAL LYNN CT N Address: Address: JACKSONVILLE, FL 32226 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Ρ SIGNATURE: CHERYL HICKS 04/28/2006