2005 FOR PROFIT CORPORATION

changed, or on an

SIGNATURE:

ANNUAL REPORT FILED **DOCUMENT # P95000002019** Mar 31, 2005 08:00 AM 1. Entity Name **Secretary of State** AUTOCRAFT ENTERPRISES INC. Principal Place of Business Mailing Address 754 ELKCAM CIR 754 ELKCAM CIR MARCO ISLAND, FL 34145 MARCO ISLAND, FL 34145 No Chg-P CR2E034 (10/03) 02172005 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0516118 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent GREUSEL, JAMES B DO NOT WRITE 1104 N. COLLIER BLVD MARCO ISLAND, FL 34145 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 with infiniteling) Signature, typed or printed name of registered agent and title if applicable \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution... After May 1, 2005 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. PD TITLE BORDON, ERNEST NAME STREET ADDRESS 1581 BISCAYNE WAY MARCO ISLAND, FL 34145 CITY-ST-ZIP U00000281543 TITLE 03/31/05-80007-004 150.00 MAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS 12. I hereby certify that the information supplied with this filling 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 each that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation of the receiver or trustee empowered to execute that report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 in the corporation of the receiver or trustee empowered to execute that report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 in the corporation of the receiver or trustee empowered to execute that report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 in the corporation of the receiver or trustee empowered to execute the corporation of the receiver or trustee empowered to execute the corporation of the receiver or trustee empowered to execute the corporation of the receiver or trustee empowered to execute the corporation of the receiver or trustee empowered to execute the corporation of the receiver or trustee empowered to execute the corporation of the receiver or trustee empowered to execute the corporation of the receiver or trustee empowered to execute the corporation of the receiver or trustee empowered to execute the corporation of the receiver or trustee empowered to execute the corporation of the receiver or trustee.

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR