

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000013788

FILED
Apr 26, 2006
Secretary of State

Entity Name: HI-TECK COLLISION PAINT & BODY SHOP, INC.

Current Principal Place of Business:

5360 NO. STATE ROAD SEVEN
FT. LAUDERDALE, FL 33319

New Principal Place of Business:

Current Mailing Address:

5360 NO. STATE ROAD SEVEN
FT. LAUDERDALE, FL 33319

New Mailing Address:

FEI Number: 65-0576738

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WALROND, TREVOR
4490 SW 107 WAY
DAVIE, FL 33328 US

Name and Address of New Registered Agent:

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:

Title: PD () Delete
Name: WALROND, TREVOR
Address: 4490 SW 107 WAY
City-St-Zip: DAVIE, FL

Title: VPD () Delete
Name: WALROND, ROSLYN
Address: 4490 SW 107TH WAY
City-St-Zip: DAVIE, FL

Title: S () Delete
Name: WALROND, KAREN
Address: 4490 SW 107TH WAY
City-St-Zip: DAVIE, FL

Title: T () Delete
Name: WALROND, KEVIN
Address: 4490 SW 107TH WAY
City-St-Zip: DAVIE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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.

SIGNATURE: ROSLYN WALROND

VPD

04/26/2006

Electronic Signature of Signing Officer or Director

_____ Date