

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

**May 01, 2006 08:00 AM
Secretary of State**

DOCUMENT # P95000052872
 1. Entity Name
L.E.S. EXHAUST DISTRIBUTOR INC.



Principal Place of Business Mailing Address
 % 17842 31 ROAD NORTH % 17842 31 ROAD NORTH
 LOXAHATCHEE, FL 33470 LOXAHATCHEE, FL 33470

DO NOT WRITE IN THIS SPACE



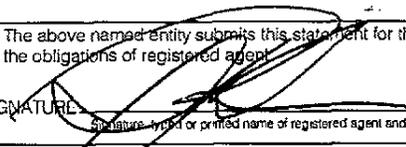
04242006 No Chg-P CR2E034 (11/05)

| | |
|------------------------------------|---|
| 4. FEI Number 65-0594016 | Applied For Not Applicable |
| 5. Certificate of Status Desired | <input checked="" type="checkbox"/> \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent
 ROSALES, LORENZO
 17842 31 ROAD NORTH
 LOXAHATCHEE, FL 33470

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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:  DATE: 4/24/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2006 Fee will be \$550.00**

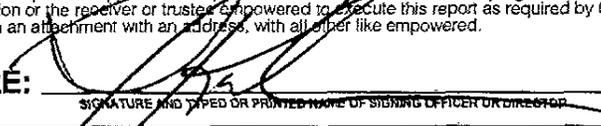
9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

1100000554103
 05/15/06 00000 002 150.75

| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD ROSALES, LORENZO 17842 31 ROAD NORTH LOXAHATCHEE, FL 33470 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP ROSALES, ISAAC 17842 31 ROAD NORTH LOXAHATCHEE, FL 33470 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  DATE: 4/24/06 DAYTIME PHONE #: 361-676-9827
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #