2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P95000080971

1. Entity Name

DOUBLE N MOTOR COMPANY, INC.



Principal Place of Business

Mailing Address

2090 S. NOVA ROAD, SUITE A-109 SOUTH DAYTONA, FL 32119 US 309 POWERLINE RD. NEW SMYRNA BEACH, FL 32168

8 US

FILED May 10, 2006 8:00 am Secretary of State

05-10-2006 90099 034 ***150.00



DO NOT WRITE IN THIS SPACE

05012006 No Chg-P CR2E

CR2E034 (11/05)

4. FEI Number 59-0431863

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

-6.- Name and Address of Current Registered Agent-

ZEIDAN, NOUHA M 2090 S. NOVA ROAD, SUITE A-109 SOUTH DAYTONA, FL 32119

DO NOT WRITE IN THIS SPACE

8. The above named entity submits this statement for the purpose of changing its registered 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 whon reinstating) DATE FILE NOWILI FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 SITUE! PSTD STITUE NAME STREET ADDRESS CITY-ST-ZP SOUTH DAYTONIA, FL: 32@19 DO NOT WRITE IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZP STREET ADDR							
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. 10. OFFICERS AND DIRECTORS TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-S	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.						
After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ITILE NAME. ZEIDMAN, NOURA M 2090 S. NOVA ROAD, SUITE A-109 SOUTH DAYTONA, FL 32 19 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS							
TITLE PSTD ZEIDMAN, NOURA M 2090 S. NOVA ROAD, SUITE A-109 SOUTH DAYTONA, FL 32 19 TITLE NAME STREET ADDRESS CITY-ST-ZIP DO NOT WRITE INTILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP INTILE NAME STREET ADDRESS CITY-ST-ZIP INTILE NAME STREET ADDRESS CITY-ST-ZIP INTILE NAME STREET ADDRESS CITY-ST-ZIP IN THIS SPACE STREET ADDRESS STREET AD	FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00			\$5.00 May Be Added to Fees		
ZEIDMAN, NOURA M 2090 S. NOVA ROAD, SUITE A-109 SOUTH DAYTONA, FL 3219 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	10.	OFFICERS AND DIRECT	TORS			•	
STREET ADDRESS CITY-ST-ZIP SOUTH DAYTONA, FL: 3219 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS	ŤITLE'	PSTD		•		i	
CITY-ST-ZIP SOUTH DAYTONA, FL 3219 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP DO NOT WRITE IN THIS SPACE STREET ADDRESS STREET ADDRESS	NAME	ZEIDMAN, NOUBA M					
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP DO NOT WRITE IN THIS SPACE STREET ADDRESS STREET ADDRESS	STREET ADDRESS	2090 S. NOVA ROAD, SUITE A-109					
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP DO NOT WRITE IN THIS SPACE STREET ADDRESS STREET ADDRESS	CITY-ST-ZIP,	SOUTH DAYTOÑA, FL: 32∰19					
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP DO NOT WRITE IN THIS SPACE STREET ADDRESS STREET ADDRESS	TITLE	i i					
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP DO NOT WRITE IN THIS SPACE STREET ADDRESS		 		Ŀ			
TITLE NAME STREET ADDRESS CITY-ST-ZIP DO NOT WRITE IN THIS SPACE STREET ADDRESS	STREET ADDRESS	** ₂ .					
NAME STREET ADDRESS CITY-ST-ZIP DO NOT WRITE IN THIS SPACE STREET ADDRESS	CITY-ST-ZIP	हुर्					
STREET ADDRESS CITY-ST-ZIP DO NOT WRITE IN THIS SPACE STREET ADDRESS	TITLE					1	
TITLE NAME STREET ADDRESS DO NOT WRITE IN THIS SPACE	NAME						
TITLE NAME STREET ADDRESS	STREET ADDRESS			-	DO	NOT WOITE	
STREET ADDRESS	CITY-ST-ZIP				טט	NOI WRITE	
STREET ADDRESS	TITLE				INI	THIS SDACE	
•	NAME				114	I MIS SPACE	
CITY-ST-ZIP	STREET ADDRESS						
l l	CITY-ST-ZIP						

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: _

TITLE

NAME STREET ADDRESS CITY-ST-ZIP¹+1,**

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND THE TOTAL BONTED NAME OF SIGNING OFFICER OF PROCESTOR

4/28/06 (386)689.9216