2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000003148

Entity Name: INTERNATIONAL AUTO EXPORTS, INC.

FILED Aug 17, 2006 Secretary of State

Current Principal Place of Business:	New Principal Place of Business

611E SR #434

LONGWOOD, FL 32750

Current Mailing Address: New Mailing Address:

P O BOX 181275 611 EAST STATE ROAD 434 CASSELBERRY, FL 327181275 LONGWOOD, FL 32750

FEI Number: 59-3357238 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:

MUNOZ, FRANKIE
239 FALLEN PALM DRIVE
CASSELBERRY, FL 327075151 US

MUNOZ, FRANKIE
371 BROOKHAVEN PLACE
LAKE MARY, FL 32746 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: 08/17/2006

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PT () Delete Title: PT (X) Change () Addition Name: MUNOZ, FRANKIE Name: MUNOZ, FRANKIE

 Address:
 239 FALLEN PALM DR
 Address:
 371 BROOKHAVEN PLACE

 City-St-Zip:
 CASSELBERRY, FL
 City-St-Zip:
 LAKE MARY, FL
 32746

Title: VPS () Delete Title: VPS (X) Change () Addition Name: MUNOZ, OLGA L. Name: MUNOZ, OLGA L.

Address: 239 FALLEN PALM DR Address: 371 BROOKHAVEN PLACE City-St-Zip: CASSELBERRY, FL City-St-Zip: LAKE MARY, FL 32746

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: OLGA L. MUNOZ VPS 08/17/2006