2006 FOR PROFIT CORPORATION

FILED Mar 23, 2006 08:00 AM **ANNUAL REPORT Secretary of State** DOCUMENT # P96000013407 R.A.G. AUTOMOTIVE ENTERPRISES, INC. Principal Place of Business Mailing Address 2604 HWY 44 WEST 2604 HWY 44 WEST INVERNESS, FL 34453 INVERNESS, FL 34453 02132006 CR2E034 (11/05) No Chg-P DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3360159 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent GOOCHER, ROBERT A DO NOT WRITE 5 BLACK WILLOW CT N HOMOSASSA, FL 34448 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 Signature, typed or printed name of registered agent and life if applicable (NOTE, Registered Agent signature required when reinstating) DATE UQ0000478804 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 04/08/06-80019-017 150.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE GOOCHER, ROBERT A NAME STREET ADDRESS 5 BLACKWILLOW CT. N CITY-ST-ZIP HOMOSASSA, FL 34446 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE MAME STREET ADDRESS CITY-ST-ZIP NAME

12. I hereby certily that the information supplied with this fitting does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I turther certily 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 of 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 the empowered.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

> ROBERT GOOCHER TYPED OR PRINTED HAND OF SIGNING OFFICER OR DIRECTOR

X 3-21-06