

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000027354

Entity Name: D & A AUTO CARE, INC.

FILED
Apr 27, 2006
Secretary of State

Current Principal Place of Business:

5603 E COLONIAL DRIVE
ORLANDO, FL 32807

New Principal Place of Business:

Current Mailing Address:

5603 E COLONIAL DRIVE
ORLANDO, FL 32807

New Mailing Address:

FEI Number: 59-3367568

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

THAKUR, DAVE
1002 CUTOFF BRANCH COURT
OVIEDO, FL 32765 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: PT () Delete
Name: THAKAR, DAVE
Address: 1002 CUTOFF BRANCH COURT
City-St-Zip: OVIEDO, FL 32765

Title: S () Delete
Name: THAKUR, JAIMATIE
Address: 1002 CUTOFF BRANCH COURT
City-St-Zip: OVIEDO, FL 32765

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PT (X) Change () Addition
Name: THAKUR, DAVE
Address: 1002 CUTOFF BRANCH COURT
City-St-Zip: OVIEDO, FL 32765

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: DAVE THAKUR

P

04/27/2006

Electronic Signature of Signing Officer or Director

Date