2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Jun 13, 2006 08:00 AN Secretary of State DOCUMENT # P97000067896 1. Entity Name CAR TUNES & TINT, INC. Principal Place of Business Mailing Address 1413 SOUTH WOODLAND 1413 SOUTH WOODLAND DELAND FL 32720 DELAND FL 32720 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State Applied For 4. FEI Number 59-3464859 Not Applicable Country Zip Ζıp Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BARKER, FRANK Street Address (P.O. Box Number is Not Acceptable) 1413 SOUTH WOODLAND DELAND FL 32720 City Zip Code 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 lifte if applicable (NOTE: Registered Agent signature required when reinstailing) FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. **PSTD** TITLE ☐ Delete TITLE ☐ Change Addition NAME BARKER, FRANK NAME U00000567107 STREET ADDRESS STREET ADDRESS 1413 SOUTH WOODLAND 06/13/06-80001-011 150.00 CITY-ST-7/P CITY-ST-ZIP DELAND FL 32720 Delete Change TITLE TITLE Addition MARIE BARKER, SANDY NAME STREET ADDRESS STREET ADDRESS 1413 SOUTH WOODLAND CITY-ST-ZIP CITY-ST-ZIP DELAND FL 32720 ☐ Delete TITLE ☐ Change ☐ Addition JITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITEF ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

From Borher

6/8/06 386 738 5022

FILED