2006 FOR PROFIT CORPORATION

FILED ANNUAL REPORT Feb 03, 2006 08:00 AM Secretary of State DOCUMENT # P97000082184 AUTÓMOTIVE MARKETING CORP. Mailing Address Principal Place of Business 880 N.W. 115TH AVENUE 880 N.W. 115TH AVENUE PLANTATION, FL 33325 PLANTATION, FL 33325 CR2F034 (11/05) 01252006 No Cha-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0876226 Not Applicable **\$8.75** Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SCATURRO, JOSEPH DO NOT WRITE 880 N.W. 115TH AVENUE PLANTATION, FL 33325 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. (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and their applicable 9. Election Campaign Financing \$5.00 May Be FILE NOWIII FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. PSTD TITLE SCATURRO, JOSEPH NAME 880 N.W. 115TH AVENUE STREET ADDRESS U000000418014 CITY-ST-ZIP PLANTATION, FL 33325 02/13/06-80079-017 150.00 me NAME STREET ADDRESS CITY-ST-ZIP TATLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-21P IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. Thereby 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 cath, that I am an officer or director of time comporation 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 officer the empowered.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

G OFFICER OR DIRECTOR