2006 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 10, 2006 08:00 AM **DOCUMENT # P97000094140** 1. Enlity Name **Secretary of State** TRAVIS' AUTO REPAIR, INC. Principal Place of Business Mailing Address 1855 SOUTH WEST 4TH 1855 SOUTH WEST 4TH DELRAY BEACH, FL 33444 DELRAY BEACH, FL 33444 01182006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0791144 Not Applicat: \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CORPORATE CREATIONS NETWORK, INC. DO NOT WRITE 941 FOURTH STREET., #200 MIAMI BEACH, FL 33139 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, byped or printed name of registered egent and title if applicable. PACTE: Registered Agent signature required when reinstating) DATE 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 Fee 10. OFFICERS AND DIRECTORS р TITLE HAME HODGE, TRAVIS E STREET ADDRESS. 7199 VIA LEONARDO UTT-57-70 LAKE WORTH, FL 33467 TITLE NAME STREET ADDITESS U00000497104 04/22/06-80041-013 150.00 CITY-ST-ZIF MIF NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TILE IN THIS SPACE NAME STREET ADORESS CITY-ST-ZIP MLE NAME STREET ADDRESS CITY-ST-71P TILE

12. I hereby 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 only, 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. 🛭 Travis Hodge President SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STREET ADDRESS CTTY-57-77P

561 276 7426

FILED