2006 FOR PROFIT CORPORATION

FILED **ANNUAL REPORT** Apr 28, 2006 08:00 AN Secretary of State **DOCUMENT # P98000066109** 1. Entity Name PRISTINE MOTORS, INC. Principal Place of Business Mailing Address 847 S STATE RD 7 847 S STATE RD 7 PLANTATION, FL 33317 PLANTATION, FL 33317 04262006 CR2E034 (11/05) No Chg-P DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0872257 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DERIGLOS, NICHOLAS H DO NOT WRITE 847 S STATE RD 7 PLANTATION, FL 33317 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, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be Added to Fees FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. n TITLE NAME DERIGLOS, NICHOLAS H 847 S STATE RD 7 STREET ADDRESS PLANTATION, FL 33317 CITY-ST-ZIP TITLE NAME U00000542600 05/10/06-80104-008 150.00 STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP

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 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 chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

SIGNATURE:

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

> SIGNATURE AND TYPED OR PRINT ING OFFICER OR DIRECTOR