2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

FILED Apr 16, 2004 08:00 AM Secretary of State **DOCUMENT # P99000025791** AUTOMOTIVE ELECTRONICS INC. Principal Place of Business Mairing Address **5211 E BROADWAY AVENUE 5211 E BROADWAY AVENUE** TAMPA, FL 33619 **TAMPA FL 33619** CR2E034 (10/03) 01082004 No Cha-P DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3561953 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE BOERNER, VALERIE JEAN 5211 E BROADWAY AVENUE TAMPA, FL 33619 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 in pedior printed name of registered agent and tale if applicable. (FICTE, Registered Agent signature required where remailiating) LZAŽL. 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 U00000115166 04/16/04-80013-008 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE BOERNER, VALERIE JEAN NAME 5211 E BROADWAY AVENUE STREET ADDRESS CITY-ST ZP **TAMPA, FL 33619** TITLE JEFFERIES BOERNER, DAVID NAME STREET ADDRESS 5211 E BROADWAY AVENUE CITY-ST ZIP TAMPA, FL 33619 TITLE MANE STREET ADDRESS DO NOT WRITE CITY-ST ZIP IN THIS SPACE TITLE FAFAF STREET ADDRESS

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). 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.

SIGNAT	URE:
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CITY-ST-ZIP TITLE LAME STREET ADDRESS CITY ST ZIP TITLE MAKE STREET ADDRESS CITY-ST 28P

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR