2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

May 01, 2006 8:00 am Secretary of State DOCUMENT # P99000031467 . • 05-01-2006 90416 003 ***150 00 KENNY'S AUTO DEALER, INC. Principal Place of Business Mailing Address 4 Anitor 11700 NW 7 AVE 4410 N.W. 1871H TERRACE MIAMI, FL 33168 MIAMI, FL 33055 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04242006 Chg-P CR2E034 (11/05) 3587 H.W 1547 City & State Applied For 4. FEI Number NOT APPLICABLE Not Applicable 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 OLAIGBE, OLA Street Address (P.O. Box Number is Not Acceptable) 18441 N.W. 2ND AVENUE SUITE 220 MIAMI, FL 33169 City Zip Code FL 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 agains and little if applicable. (NOTE: Projectored Agent segmentine required when reinstacing) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees 10, OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE **PSD** Delete TITLE ☐ Change Addition LYNDEN, KENDRICK MALLE STREET ADDRESS 4410 N.W. 187TH TERRACE STREET ADDRESS CITY-ST-20P MIAMI, FL 33055 CITY-ST-ZIP TITLE PSD Oelete TITLE ☐ Change Addition PEART SR, KENDRICK LYDEN MALKE STREET ADDRESS 4410 NW 187 TERRACE STREET ADDRESS CITY-\$7-20P CAROL CITY, FL 33055 CITY-ST-ZIP MIF Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-71P CITY-ST-ZIP IIILE Delete THE ☐ Change ☐ Addition NAME MAUF STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-78P TITLE ☐ Addition Oclete TOD F ☐ Chance NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZEP Cary-ST-7P THILE □ Defete TITLE Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-SY-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 changed, or on an attachment with an address, with all other like empowered.

FILED