

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# S38635

FILED
Dec 21, 2005
Secretary of State

Entity Name: ILLUSIONS CUSTOM AUTO GRAPHICS INC.

Current Principal Place of Business:

18751 TITUS RD
HUDSON, FL 34667

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 5996
HUDSON, FL 34674

New Mailing Address:

18751 TITUS RD
HUDSON, FL 34667

FEI Number: 59-3626558

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

STYLES, SHANI
300 HAMPSHIRE DR.
SPRING HILL, FL 34607 US

Name and Address of New Registered Agent:

STYLES, SHANIE
300 HAMPSHIRE DR.
SPRING HILL, FL 34607 US

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.

SIGNATURE: ROBERT STYLES

12/21/2005

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: STYLES, ROBERT E.
Address: 300 HAMPSHIRE DR.
City-St-Zip: SPRING HILL, FL 34607

Title: STD () Delete
Name: STYLES, SHANIE
Address: 300 HAMPSHIRE DR.
City-St-Zip: SPRING HILL, FL 34607

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: STYLES, ROBERT
Address: 300 HAMPSHIRE DR.
City-St-Zip: SPRING HILL, FL 34607

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT STYLES

PD

12/21/2005

Electronic Signature of Signing Officer or Director

Date