


FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90420 044 ***150.00

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # S79713			
1. Entity Name ROYAL AUTO TRIM, INC.			
Principal Place of Business 2550 SW 14 CT DEERFIELD BCH, FL 33442 US		Mailing Address 2550 SW 14 CT DEERFIELD BCH, FL 33442 US	
2. Principal Place of Business 4461 SW Farmington St		3. Mailing Address 4461 SW Farmington St	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Port St. Lucie, FL		City & State Port St. Lucie FL	
Zip 34953		Zip 34953	
Country USA		Country USA	
4. FEI Number 65-0283806		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MCBRIDE, TIMOTHY E. 2550 SW 14 CT DEERFIELD BCH, FL 33442		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 4461 SW Farmington St. City Port St. Lucie FL Zip Code 34953	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCBRIDE, TIMOTHY E. 2550 SW 14 CT DEERFIELD BCH, FL 33442 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4461 SW Farmington St. Port St. Lucie, FL 34953
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCBRIDE, DIANE L. 2550 SW 14 CT DEERFIELD BCH, FL 33442 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4461 SW Farmington St. Port St. Lucie FL 34953
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE:

Timothy E. McBride *Diane McBride* 4/12/06 772-785-8708