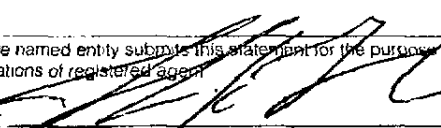
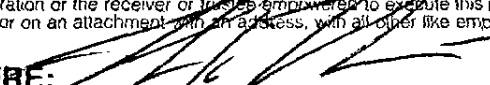


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 03, 2006 08:00 AM**  
**Secretary of State**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                       |                                                                                                                                  |                                                                                 |                                                                                                                                      |                                                                   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|
| <b>DOCUMENT # V25542</b><br>1. Entity Name<br><b>ACE LUBE AND TUNE, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                       |                                                                                                                                  |                                                                                 |                                                     |                                                                   |
| Principal Place of Business<br><b>3030 SOUTH CONGRESS AVENUE<br/>BOYNTON BEACH FL 33426</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                       |                                                                                                                                  | Mailing Address<br><b>3030 SOUTH CONGRESS AVENUE<br/>BOYNTON BEACH FL 33426</b> |                                                                                                                                      |                                                                   |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                       |                                                                                                                                  | 3. Mailing Address<br>Suite, Apt. #, etc.                                       |                                                                                                                                      |                                                                   |
| City & State<br>Zip      Country                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                       |                                                                                                                                  | City & State<br>Zip      Country                                                |                                                                                                                                      |                                                                   |
| 4. FEI Number <b>65-0320891</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                       |                                                                                                                                  |                                                                                 | <input type="checkbox"/> Applied For<br><input type="checkbox"/> Not Applicable                                                      |                                                                   |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                       |                                                                                                                                  |                                                                                 | <b>\$8.75</b> Additional Fee Required                                                                                                |                                                                   |
| 6. Name and Address of Current Registered Agent<br><br><b>TREIBITS, THOMAS K<br/>3030 S CONGRESS AVE.<br/>BOYNTON BEACH FL 33426</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                       |                                                                                                                                  |                                                                                 | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> Zip Code |                                                                   |
| 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 <br><small>Signature, typed or printed name of registered agent and title if applicable</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                       | <b>Thomas K. Treibits President 3/30/06</b><br><small>(NOTE: Registered Agent signature required when substituting)</small> DATE |                                                                                 |                                                                                                                                      |                                                                   |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2006 Fee Will Be \$550.00</b><br><b>Make Check Payable to Florida Department of State</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                       |                                                                                                                                  |                                                                                 | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees               |                                                                   |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                       |                                                                                                                                  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                           |                                                                                                                                      |                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | PST<br>TREIBITS, THOMAS K.<br>3030 S. CONGRESS AVE.<br>BOYNTON BCH FL | <input type="checkbox"/> Delete                                                                                                  |                                                                                 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                     | U00000489579<br>04/18/06-80022-006 150.00                         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | VD<br>TREIBITS, THOMAS K.<br>3030 S. CONGRESS AVE.<br>BOYNTON BCH FL  | <input type="checkbox"/> Delete                                                                                                  |                                                                                 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                       | <input type="checkbox"/> Delete                                                                                                  |                                                                                 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                       | <input type="checkbox"/> Delete                                                                                                  |                                                                                 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                       | <input type="checkbox"/> Delete                                                                                                  |                                                                                 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                       | <input type="checkbox"/> Delete                                                                                                  |                                                                                 | TITLE<br>NAME<br>STREET ADDRESS<br>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 Section 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. |                                                                       |                                                                                                                                  |                                                                                 |                                                                                                                                      |                                                                   |
| <b>SIGNATURE:  Thomas K. Treibits 3/30/06 561-738-6575</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                       |                                                                                                                                  |                                                                                 |                                                                                                                                      |                                                                   |