2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Apr 17, 2006 08:00 AN Secretary of State DOCUMENT # V40555 1. Entity Name MADEIRA BEACH GARAGE AND AUTO PARTS, INC. Principal Place of Business Mailing Address % EDWARD S. BUTLER, III % EDWARD S. BUTLER, III 125 - 150TH AVENUE 125 - 150TH AVENUE MADEIRA BEACH FL 33708 MADEIRA BEACH FL 33708 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) Applied For City & State City & State 4. FEI Number 59-3127510 Not Applicable Zio Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BUTLER, EDWARD S., III Street Address (P.O. Box Number is Not Acceptable) 125 - 150TH AVENUE MADEIRA BEACH FL 33708 Zip Code City 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10, 11. TiTLE ☐ Change Addáic ☐ Delete TITLE BUTLER, EDWARD S., III TRACES NAME U00000513296 29/06-80123-016 150.00 STREET ADDRESS 125 - 150TH AVENUE STREET ADDRESS MADEIRA BEACH FL CITY-ST-789 □ Adda′~ Срадое ☐ Delete THILE TITLE NAME STREET ADDRESS STREET ADDRESS City-ST-12 CITY-ST-ZIP ☐ Delete Change ■ Addition TITLE MAME NAME STREET ADDRESS STREET ADDRESS CITY ST-77P CITY-ST-ZIP Change Addition 🔲 TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP GITY-ST-ZIP Change ☐ Addition ☐ Delete BHE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. If hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. If 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR