2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED DOCUMENT # V59529 Mar 21, 2006 08:00 AN 1. Entity Name **Secretary of State** UNIVERSAL TRUCK PARTS & SALES INC. Principal Place of Business Mailing Address 4171 L. B. MCLEOD RD. ORLANDO FL 32811 4171 L. B. MCLEOD RD. ORLANDO FL 32811 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 59-3139526 Not Applicable Zip Country Z_{ID} 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 WILLIS, LEON F., JR. Street Address (P.O. Box Number is Not Acceptable) 8134 OAKLAND PLACE ORLANDO FL 32819 City 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. Signature, type-disciplinal name of sugistered agent and title if applicable (NOTE: Registered Agent signature required when toinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be 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 ☐ Delete TITLE ☐ Change Adeitic WILLIS, LEON F., JR. MATAE D00000476330 STREET ADDRESS 8134 OAKLAND PLACE STREET ADDRESS 04/06/06-80006-001 158.75 CITY-ST-ZIP ORLANDO FL CITY-ST-ZIP DS ☐ Delete TITLE Change Addition TITLE NAME ADAMS, KAREN M. NAME STREET ADDRESS STREET ADDRESS 8134 OAKLAND PLACE CITY-ST-ZIP CITY - ST - ZIP ORLANDO FL ☐ Change ☐ Ad-SS. TITLE ☐ Delete DILLE DT NAME NAME COAD, PHILIP M STREET ADDRESS STREET ADDRESS 1695 GRANGE CIRCLE CITY-ST-ZIP CHY-ST-ZIF LONGWOOD FL 32750-3324 TITLE ☐ Delete BJTH Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DITY-ST-ZIP THLE ☐ Delete TITLE Change Addition MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addiso ☐ Change Delete THE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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.

IGNING OFFICER OR DIRECTOR

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF