


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 27, 2006 8:00 am**  
**Secretary of State**

02-27-2006 90092 032 \*\*\*150.00

|   |   |   |   |
|---|---|---|---|
| <b>DOCUMENT # V65996</b>  |   |    |   |
| 1. Entity Name<br><b>OLYMPIC MOTORS, INC.</b>   |   |   |   |
| Principal Place of Business<br><b>1900 NW 33RD CT STE 4<br/>POMPAHO BEACH FL 33064<br/>US</b>   |   | Mailing Address<br><b>660 NORTH ROAD<br/>BOYNTON BEACH FL 33435<br/>US</b>  |   |
| 2. Principal Place of Business<br><b>660 NORTH RD</b><br>Suite, Apt. #, etc.<br><b>BOYNTON BEACH FL</b><br>City & State   |   | 3. Mailing Address<br>Suite, Apt. #, etc.<br>City & State   |   |
| Zip<br><b>33435</b>   | Country <b>USA</b><br><b>PALM BEACH</b>   | Zip   | Country   |
| 6. Name and Address of Current Registered Agent<br><b>SWAIN, LORETTA J<br/>660 NORTH RD.<br/>BOYNTON BEACH FL 33435</b>   |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><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 _____ (NOTE: Registered Agent signature required when reinstating) 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 May Be Added to Fees</b>                  |   |
| 10. OFFICERS AND DIRECTORS  |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | PD<br>SWAIN, LORETTA<br>2841 FOREST HILL BLVD, #A<br>WEST PALM BEACH FL 33406 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>660 NORTH RD<br/>BOYNTON BEACH FL 33435</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | TDSD<br>SWAIN, HARRY L<br>660 NORTH RD<br>BOYNTON BEACH FL 33435 <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.

**SIGNATURE:**

*Loretta J Swain*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/14/06 561 248-6903  
Date Daytime Phone #