2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 10, 2006 8:00 am Secretary of State 04-10-2006 90286 035 ***158.75 **DOCUMENT # 162572** 1. Entity Name ARMELLINI EXPRESS LINES, INC. UUUMUUUU Principal Place of Business Mailing Address 3446 SW ARMELLINI AVE. P.O. BOX 678 PALM CITY, FL 34991-0678 US P.O.BOX 678 PALM CITY, FL 34990 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01232006 Cha-P CR2E034 (11/05) City & State City & State 4. FEI Number Applied For 23-1615254 Not Applicable Zip Country Zip Country \$8.75 Additional 為 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent NICHOLASON, JOHN J. 3446 SW ARMELLINI AVE. Street Address (P.O. Box Number is Not Acceptable) PALM CITY, FL 34990 City Zip Code FL 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. VD **₹**Delete TITLE TITLE ☐ Change Addition CD DUSHARM, JUDITH R NAME NAME Armellini, Julio 1930 SW Crane Creek Ave Palm City, FL 34990 STREET ADDRESS 1230 SW DYER POINT RD STREET ADDRESS PALM CITY, FL 34990 CITY-ST-ZIP CITY-ST-ZIP VD Delete TITLE KAddition . TITLE ☐ Change NAME MERRITT, JAMES T NAME Armellini, Richard 10410 S OCEAN DR #1007 STREET ADDRESS 5420 Via Olas Newbury, CA 91320 STREET ADDRESS CITY-ST-ZIP JENSEN BEACH, FL 34957 CITY-ST-ZIP VD TITLE ☐ Delete TITLE Change ☐ Addition Drury, Jeffrey 16227 SW Two Wood Way DRURY, JEFFREY NAME STREET ADDRESS 1658 SE GAINSWOOD Indiantown, FL 34956 CITY-ST-7IP PORT SAINT LUCIE, FL 34952 CITY ST-ZIP ☐**X**Delete TITLE VD Change **₹** Addition TITLE BAUER, CARL NAME Armellini, DAvid NAME 4565 SW HONEY TERRACE STREET ADDRES 611 NW Sunset Drive STREET ADDRESS PALM CITY, FL 34990 CITY-ST-ZIP CITY-ST-ZIP Stuart, FL 34994 STD TITLE **□**XDelete TITLE Change **X**Addition NAME UBER, RICHARD NAME Nicholason, John J. 1928 SW HUNTER'S CLUB WAY STREET ADDRESS STREET ADDRES 1149 SW Hogan St CITY-ST-ZIP 34983 CHY-ST-7IP PALM CITY, FL 34990 Port St. Lucie, Addition TITLE ☐ Delete TITLE ☐ Change 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 Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report/strue 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 of trustee employeed 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 any attackment within a partired significant content.

PER OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE

John J. Nicholason,

FILED

772-287-0575