


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 10, 2006 8:00 am
Secretary of State

02-10-2006 90017 012 ***150.00

DOCUMENT # F05000002777	
1. Entity Name CONNETICS TRANSPORTATION GROUP, INC.	

Principal Place of Business 1175 PEACHTREE ST, NE, STE 414 ATLANTA GA 30361	Mailing Address 1175 PEACHTREE ST, NE, STE 414 ATLANTA GA 30361
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2. Principal Place of Business 570 Colonial Park Drive Suite, Apt. #, etc. STE. 302	3. Mailing Address 570 Colonial Park Drive Suite, Apt. #, etc. STE. 302
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1st MOORE CR2E034 (10/05)

City & State Roswell GA	City & State Roswell, GA	4. FEI Number 20-2342464	Applied For <input type="checkbox"/> Not Applicable
Zip 30075	Country FULTON	Zip 30075	Country FULTON

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____

FILE NOW!!! FEE IS \$150.00.
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROSALES, SUSAN 5823 TELLEFSON RD CULVER CITY CA 90230	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPS HEARD, MILBREY 1175 PEACHTREE ST, NE, STE 414 ATLANTA GA 30361	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP BAKER, JAMES 1175 PEACHTREE ST, NE, STE 414 ATLANTA GA 30361	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPT CROBONS, TIMOTHY 200 WAYMONT CT, STE 126#3 LAKE MARY FL 32746	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROSALES, SUSAN 5823 TELLEFSON RD CULVER CITY CA 90230	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	570 COLONIAL PARK DRIVE STE. 302 ROSWELL, GA 30075	<input checked="" type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	570 Colonial Park Drive STE. 302 ROSWELL, GA 30075	<input checked="" type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>

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: Manibul Sawiji 2/1/06 (678)461-0909 EXT. 11
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #