

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 31, 2007 8:00 am
Secretary of State

05-31-2007 90002 015 ***550.00

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



Principal Place of Business 570 COLONIAL PK DR STE 302 ROSWELL, GA 30075	Mailing Address 570 COLONIAL PK DR STE 302 ROSWELL, GA 30075
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DO NOT WRITE IN THIS SPACE

40119186



05232007 No Chg-P CR2E034 (11/05)

4. FEI Number 20-2342464	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
 CROBONS, TIM
 200 WAYMONT COURT, SUITE 126
 LAKE MARY, FL 32746

DO NOT WRITE IN THIS SPACE

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 \$550.00
Due by September 14, 2007

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROSALES, SUSAN 5823 TELLEFSON RD CULVER CITY, CA 90230
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPS HEARD, MILBREY 570 COLONIAL PK DR ROSWELL, GA 30075
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP BAKER, JAMES 570 COLONIAL PK DR ROSWELL, GA 30075
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPT CROBONS, TIMOTHY 200 WAYMONT CT, STE 126#3 LAKE MARY, FL 32746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROSALES, SUSAN 5823 TELLEFSON RD CULVER CITY, CA 90230
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 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: Maribel Sawiji 5/23/07 678-461-0969 Ext-11
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #