

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 09, 2005 08:00 AM
Secretary of State

DOCUMENT # P0000039631
1. Entity Name
KWW TRANSPORTATION, INC.



Principal Place of Business Mailing Address
EDWARDS & ANGELL (G. YOUNG)
ONE N. CLEMATIS ST STE 400
WEST PALM BEACH, FL 33401 EDWARDS & ANGELL (G. YOUNG)
ONE N. CLEMATIS ST STE 400
WEST PALM BEACH, FL 33401



DO NOT WRITE IN THIS SPACE

04012005 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
06-1579393 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331

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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 _____ (NOTE Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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	PTSD WATKINS, KRISTINA W 55 HAYDEN AVE STE 3200 LEXINGTON, MA 02421
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS CORLEY, NOLLY E 20 BELLAIRE RD. BOSTON, MA 02131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000295775
04/09/05-80042-009 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Nolly Corley Nolly Corley Asst Secretary 4/1/05 781-274-7101
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #