


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2007 8:00 am
Secretary of State

03-23-2007 90028 044 ***150.00

DOCUMENT # P01000080056

1. Entity Name
MOMENTUM TRANSPORTATION - USA, INC.



Principal Place of Business Mailing Address
5220 SHAD RD. STE 404 **5220 SHAD RD. STE 404**
JACKSONVILLE, FL 32257 **JACKSONVILLE, FL 32257**

60027757



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

03192007 Chg-P CR2E034 (12/06)

City & State City & State

4. FEI Number Applied For
59-3743337 Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent

LESTER, DON H ESQ
LESTER & MITCHELL, P.A.
1035 LASALLE STREET
JACKSONVILLE, FL 32207

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** 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 _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	PUTZKE, BRIAN	
STREET ADDRESS	5220 SHAD RD. # 404	
CITY-ST-ZIP	JACKSONVILLE, FL 32257	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	WYBLE, BRENT	
STREET ADDRESS	5220 SHAD RD #404	
CITY-ST-ZIP	JACKSONVILLE, FL 32257	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SEC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Wyble, Brent	
STREET ADDRESS	5220 Shad Rd #404	
CITY-ST-ZIP	Jacksonville, FL 32257	
TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Liantonio, Michael	
STREET ADDRESS	5220 Shad Rd #404	
CITY-ST-ZIP	Jacksonville, FL 32257	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 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: Brian Putzke **Brian Putzke, President** 3-20-07 904-880-1180

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #