

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED
Aug 22, 2006
Secretary of State**

DOCUMENT# P02000097112

Entity Name: AAC TRUCKING INC.

Current Principal Place of Business:

1580 WEST 14TH STREET
JACKSONVILLE, FL 32209

New Principal Place of Business:

Current Mailing Address:

1580 WEST 14TH STREET
JACKSONVILLE, FL 32209

New Mailing Address:

FEI Number: 30-0083446 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRISBANE, TERRANCE L SR
11651 VC JOHNSON ROAD
JACKSONVILLE, FL 32218 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ROBINSON, STANLEY
Address: 1580 WEST 14TH STREET
City-St-Zip: JACKSONVILLE, FL 32209

Title: CHM () Delete
Name: GREEN, RONRICO
Address: 6824 NORWOOD AVE
City-St-Zip: JACKSONVILLE, FL 32208 US

Title: OFF () Delete
Name: HANNAH, BOB
Address: 6824 NORWOOD AVE
City-St-Zip: JACKSONVILLE, FL 32208 US

Title: OFF () Delete
Name: HENDERSON, EDWARD
Address: 6824 NORWOOD AVE
City-St-Zip: JACKSONVILLE, FL 32208

Title: OFF (X) Delete
Name: MELTON, JOE
Address: 6824 NORWOOD AVE
City-St-Zip: JACKSONVILLE, FL 32208

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: OFF (X) Change () Addition
Name: ARNOLD, BYRON
Address: 6824 NORWOOD AVE
City-St-Zip: JACKSONVILLE, FL 32208 US

Title: OFF (X) Change () Addition
Name: MELTON, JOE
Address: 6824 NORWOOD AVE
City-St-Zip: JACKSONVILLE, FL 32208

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STANLEY ROBINSON

PD

08/22/2006

Electronic Signature of Signing Officer or Director

_____ Date