2008 FOR PROFIT CORPORATION

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: 1

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Daytime Phorie #

ANNUAL REPORT				Mar 27, 2008 08:00	
1. Entity Nan LERA TF	RUCKING, INC. Transport			Secretary of State	
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	NO NOT WOITE IN T		0.5	03202008 No Chg-P CR2E034 (11/05)	
DO NOT WRITE IN THIS SPAC			CE	4. FEI Number Applied For 83-0362774 Noi Applicable	
				5. Certificate of Status Desired	
6. Name and Address of Current Registered Agent					
HARTMANN, THOMAS J 2389 CHANTILLY TERRACE OVIEDO, FL 32765			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 am familiar with, and accept the obligations of registered agent. SIGNATURE Sometive ryped or printed name of registered agent and little if applicable. (NOTE: Registered Agent signature required when reinstaining) DATE Sometive ryped or printed name of registered agent and little if applicable. (NOTE: Registered Agent signature required when reinstaining) PATE Sometive ryped or printed name of registered agent and little if applicable. (NOTE: Registered Agent signature required when reinstaining) PATE Sometive ryped or printed name of registered agent and little if applicable. (NOTE: Registered Agent signature required when reinstaining) PATE Sometive ryped or printed name of registered agent and little if applicable. (NOTE: Registered Agent signature required when reinstaining) PATE Sometive ryped or printed name of registered agent and little if applicable. (NOTE: Registered Agent signature required when reinstaining) PATE Sometive ryped or printed name of registered agent and little if applicable. (NOTE: Registered Agent signature required when reinstaining)					
10.75.20.00	OFFICERS AND DIRECTORS'			·	
TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP	D HARTMANN, THOMAS J 2389 CHANTILLY TERRACE OVIEDO, FL 32765		in the second	U00000872218 04/10/08-80029-019 150.00	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			·	. <u>.</u> . •••	
TITLE 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.					