


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 17, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000081780

1. Entity Name
 FAITH TRANSPORTATION, INC.



Principal Place of Business
 4460 NW 3RD PLACE
 PLANTATION, FL 33317

Mailing Address
 P.O. BOX 15346
 PLANTATION, FL 33318



05152006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FET Number
 04-3768087

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

MESSAM, GRETAL
 4460 NW 3RD PLACE
 PLANTATION, FL 33317

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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 \$150.00
Due by September 6, 2006

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MESSAM, CLOVIS V 4460 NW 3RD PLACE PLANTATION, FL 33317
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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: *[Signature]* **5/15/06** **954 301 5748**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #