


2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000059596 1. Entity Name L.T.D. PYRAMID TRUCKING, INC.	
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FILED
2008 APR 29 PM 3:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business 3131 HAWKS LANDING DRIVE TALLAHASSEE, FL 32309 US	Mailing Address 3131 HAWKS LANDING DRIVE TALLAHASSEE, FL 32309 US
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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04292008 Chg-P CR2E034 (12/06)

4. FEI Number 59-3587638	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent WATSON, LAKECIA S 2369 INDIAN SPRINGS CT TALLAHASSEE, FL 32303
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE	P <input type="checkbox"/> Delete WATSON, LAKECIA S
NAME	3131 HAWKS LANDING DRIVE
STREET ADDRESS	TALLAHASSEE, FL 32309
CITY - ST - ZIP	
TITLE	V <input type="checkbox"/> Delete WATSON, DAVID J
NAME	3131 HAWKS LANDING DRIVE
STREET ADDRESS	TALLAHASSEE, FL 32309
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	
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	400126950094
STREET ADDRESS	04/30/08--01001--025 **150.00
CITY - ST - ZIP	
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	
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: LaKecia S. Watson Date: 4/29/08 Daytime Phone #: 950-544-5850
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR