


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 11, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 264906</b>						
1. Entity Name <b>SHAW TRUCKING INC.</b>						
Principal Place of Business <b>3061 NW 17TH TERR FORT LAUDERDALE, FL 33311</b>		Mailing Address <b>6500 NW 62ND TERR PARKLAND, FL 33067</b>				
<b>DO NOT WRITE IN THIS SPACE</b>						
<div style="text-align: right;">01202004    No Chg-P    CR2E034 (10/03)</div> <table border="1" style="width: 100%;"><tr><td>4. FEI Number <b>59-0996205</b></td><td>Applied For <input type="checkbox"/> Not Applicable</td></tr><tr><td>5. Certificate of Status Desired <input type="checkbox"/></td><td><b>\$8.75</b> Additional Fee Required</td></tr></table>			4. FEI Number <b>59-0996205</b>	Applied For <input type="checkbox"/> Not Applicable	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required					
6. Name and Address of Current Registered Agent  <b>SHAW, JAMES L 6500 NW 62ND TERRACE POMPANO BEACH, FL 33067</b>		<b>DO NOT WRITE IN THIS SPACE</b>				
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 _____ <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> _____ DATE _____						
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees				
10. OFFICERS AND DIRECTORS		<div>U000000047453 02/12/04-80041-010 150.00</div> <b>DO NOT WRITE IN THIS SPACE</b>				
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>PDRA SHAW, JAMES L 6500 NW 62ND TERRACE POMPANO BEACH, FL 33067</b>					
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>James L Shaw</u> <b>2-7-04</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <span style="float: right;"><small>Daytime Phone #</small></span>						