2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 26, 2005 8:00 am Secretary of State 04-26-2005 90153 004 ***150.00

DOCUMENT # 828839 1. Entity Name TRANSPORT INTERNATIONAL POOL, INC.					04-26-2003	3 90133 004	4 11.	30.00
Principal Plac	e of Business	Mailing Address			•			
426 W LANC		426 W LANCASTER AVE						
DEVUN, PA	19333 US	DEVON, PA 19333 US)					
2. Principal Place of Business 476 W. Lawcaster Ave. Suite, Apt. #, etc. 3. Mailing Address 476 W. Lawcaster Ave. Suite, Apt. #, etc.			erchic A.					
Suite, Apt.		Suite, Apt. #, etc.	<u> </u>	04182005	Chg-P	CR2E034 (10/03)	
City & Stat	Р	City & State		4. FEI Number				plied For
Dev	ion, PA	Deven, PA		22-16162	203			t Applicable
Zip 197	Country	Zi99333	Country U. S.	5. Certificate of	Status Desired		75 Addi Required	
'15	6. Name and Address of Current F	<u> </u>		7. Name and A	dress of New Re		•	'
CT CODD	ODATION SYSTEM		Name					
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD			Street Addr	Street Address (P.O. Box Number is Not Acceptable)				
PLANTATI	ON, FL 33324					· · ·		
			City				Zip Code	
The above named entity submits this statement for the nurnose of changing its registers.				gistored sport or both	in the State of Elec	rL	,	
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								
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE								
	ognicial, types of printed hairing of registeress against	THE	edistaraci vidanii edinatina in	equired when reinstannig)		UATE		
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indicated on this report or supplier with this liling boes not qualify for the exemption stated in Section 119.07(3)(), Florida Statutes. Thirther certify that the information indicated on this report or supplierental 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.

Jacob Brilly John V S
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR