2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000002765

Entity Name: NEW HAVEN MOVING EQUIPMENT CORP. OF ILLINOIS

FILED Jan 06, 2006 Secretary of State

Current Pr	incipal Place	of Business:	New Principal Place	New Principal Place of Business:	
1110 FULL ADDISON,	ERTON AVE. IL 60101				
Current Mailing Address:			New Mailing Address:		
4820 SOUT #104	THPOINT DRIV	E			
	KSBURG, VA	22407			
FEI Number:	36-3278563	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of Co	ırrent Registered Agent:	Name and Address	of New Registered Agent:	
1200 SOUT	ORATION SYS FH PINE ISLAN ON, FL 33324				
The above in the State		ubmits this statement for the pu	rpose of changing its registere	ed office or registered agent, or both,	
SIGNATUR					
	Electroni	c Signature of Registered Agen	t	Date	
Election Carr	npaign Financing	Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	PCD () LEVINE, JAMES 42 DUKES CIRC LINCOLNSHIRE,	LE	Title: Name: Address: City-St-Zip:	() Change() Addition	
Title: Name: Address: City-St-Zip:	VD () I LEVINE, LAWRE 197 HEATH MEA SIMI VALLEY, C	DOW PLACE	Title: Name: Address: City-St-Zip:	() Change() Addition	
Title: Name: Address: City-St-Zip:	STD () I LEVINE, ROGER 41 WASHINGTO EAST HAVEN, C	N STREET	Title: Name: Address: City-St-Zip:	() Change() Addition	
Title: Name: Address: City-St-Zip:	HEARN, DANA A 9217 ST. ANDRE		Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DANA A. HEARN	CFO	01/06/2006
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