2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2005
Secretary of State

DOCUMENT# F01000006417

Entity Name: TRUCKPRO, INC.

Current Principal Place of Business:

8110 CORDOVA ROAD
STE 116
CORDOVA, TN 38016

New Principal Place of Business:

Current Mailing Address:

8110 CORDOVA ROAD
STE 116
CORDOVA, TN 38016

New Mailing Address:

FEI Number: 04-3577837 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: CHERINGTON, CHARLES
Address: 1 HARVARD STREET, SUITE 201
City-St-Zip: BROOKLINE, MA 02445

Title: V ( ) Delete
Name: PONDER, JOHNNY
Address: 8110 CORDOVA RD STE 116
City-St-Zip: CORDOVA, TN 38016

Title: P ( ) Delete
Name: MICHAEL, BAIRD
Address: 8110 CORDOVA RD STE 116
City-St-Zip: CORDOVA, TN 38016

Title: S ( ) Delete
Name: JANET, DFAVIS
Address: 8110 CORDOVA RD STE 116
City-St-Zip: CORDOVA, TN 38016

Title: AS ( ) Delete
Name: MARSHA, WISE
Address: 8110 CORDOVA RD STE 116
City-St-Zip: CORDOVA, TN 38016

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change ( ) Addition
Name: JANET, DAVIS
Address: 8110 CORDOVA RD STE 116
City-St-Zip: CORDOVA, TN 38016

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MARSHA WISE AS 02/16/2005

Electronic Signature of Signing Officer or Director — Date