


**FILED**  
**Jan 18, 2007 8:00 am**  
**Secretary of State**

01-18-2007 90138 014 \*\*\*150.00

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # F03000001818</b>					
1. Entity Name <b>FMI TRUCKING, INC.</b>					
Principal Place of Business <b>800 FEDERAL BLVD. CARTERET, NJ 07008</b>			Mailing Address <b>800 FEDERAL BLVD. CARTERET, NJ 07008</b>		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>22-2921289</b>	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	CEO	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DESARE, GREGORY		NAME		
STREET ADDRESS	800 FEDERAL BLVD.		STREET ADDRESS		
CITY-ST-ZIP	CARTERET, NJ 07008		CITY-ST-ZIP		
TITLE	COO	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DESARE, MICHAEL		NAME		
STREET ADDRESS	800 FEDERAL BLVD.		STREET ADDRESS		
CITY-ST-ZIP	CARTERET, NJ 07008		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	O'NEILL, ROBERT J		NAME		
STREET ADDRESS	800 FEDERAL BLVD.		STREET ADDRESS		
CITY-ST-ZIP	CARTERET, NJ 07008		CITY-ST-ZIP		
TITLE	CFO	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DEVINE, NEIL		NAME		
STREET ADDRESS	800 FEDERAL BLVD.		STREET ADDRESS		
CITY-ST-ZIP	CARTERET, NJ 07008		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CANGELOSI, JOSEPH		NAME		
STREET ADDRESS	800 FEDERAL BLVD.		STREET ADDRESS		
CITY-ST-ZIP	CARTERET, NJ 07008		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: <u>JOSEPH CANGELOSI</u> SECRETARY 01/09/07 732 750900					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					