


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2005 8:00 am
Secretary of State

01-18-2005 90062 038 ***150.00

DOCUMENT # F03000003391	
1. Entity Name ALLFR8 LOGISTICS, INC.	

Principal Place of Business 6885 BELFORT OAKS PLACE SUITE 230 JACKSONVILLE, FL 32216	Mailing Address 1228 HARRISON POINT TRAIL FERNANDINA BEACH, FL 32034
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50002912



2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

01102005 Chg-P CR2E034 (10/03)

4. FEI Number 04-3749832	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent ENGLERT, CURTIS H 2121 CORPORATE SQUARE BLVD. STE. 124 JACKSONVILLE, FL 32216	7. Name and Address of New Registered Agent Name Englert, Curtish Street Address (P.O. Box Number is Not Acceptable) 6885 Belfort Oaks Place Suite 230 City Jacksonville FL Zip Code 32216
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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: *C. Englert* President/CEO 1/10/05 DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	<input type="checkbox"/> Delete	TITLE Englert, Curtis H	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ENGLERT, CURTIS H		NAME 29 N. Roscoe Boulevard	
STREET ADDRESS 13832 HARBOR CREEK PL		STREET ADDRESS Ponte Vedra Beach, Fl. 32082	
CITY-ST-ZIP JACKSONVILLE, FL 32224		CITY-ST-ZIP Ponte Vedra Beach, Fl. 32082	
TITLE VP	<input type="checkbox"/> Delete	TITLE Englert, Kelly E	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ENGLERT, KELLY E		NAME 29 N. Roscoe Boulevard	
STREET ADDRESS 13832 HARBOR CREEK PL		STREET ADDRESS Ponte Vedra Beach, Fl. 32082	
CITY-ST-ZIP JACKSONVILLE, FL 32224		CITY-ST-ZIP Ponte Vedra Beach, Fl. 32082	
TITLE VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ENGLERT, JOHN V		NAME	
STREET ADDRESS 1228 HARRISON POINT TRAIL		STREET ADDRESS	
CITY-ST-ZIP FERNANDINA BEACH, FL 32033		CITY-ST-ZIP	
TITLE ST	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ENGLERT, MARY J		NAME	
STREET ADDRESS 1228 HARRISON POINT TRAIL		STREET ADDRESS	
CITY-ST-ZIP FERNANDINA BEACH, FL 32034		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	
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 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: *Mary Joy Englert, sec/tax* 1-10-2005 904-491-0412
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #