2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000003391

Entity Name: ALLFR8 LOGISTICS, INC.

ENGLERT, MARY J

1228 HARRISON POINT TRAIL

FERNANDINA BEACH, FL 32034

Name:

Address:

City-St-Zip:

FILED Jan 12, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 6885 BELFORT OAKS PLACE SUITE 230 JACKSONVILLE, FL 32216 **Current Mailing Address: New Mailing Address:** 1228 HARRISON POINT TRAIL FERNANDINA BEACH, FL 32034 FEI Number: 04-3749832 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ENGLERT, CURTIS H 6885 BELFORT OAKS PLACE SUITE 230 JACKSONVILLE, FL 32216 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition ENGLERT, CURTIS H Name: Name: 29 N. ROSCOE BLVD Address: Address: City-St-Zip: PONTE VEDRA BEACH, FL 32082 City-St-Zip: Title: VΡ Title: () Delete () Change () Addition Name: ENGLERT. KELLY E Name: 29 N. ROSCOE BLVD Address: Address: PONTE VEDRA BEACH, FL 32082 City-St-Zip: City-St-Zip: Title: Title: VΡ () Delete () Change () Addition ENGLERT, JOHN V Name: Name: 1228 HARRISON POINT TRAIL Address: Address: City-St-Zip: FERNANDINA BEACH, FL 32033 City-St-Zip: Title: () Delete Title: () 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.

Name:

Address:

City-St-Zip:

SIGNATURE: MARY JOY ENGLERT SEC. 01/12/2006