


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 25, 2006 08:00 AM
Secretary of State

DOCUMENT # F03000004140 1. Entity Name ALAMO RENTAL (US) INC.	
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Principal Place of Business 6929 N. LAKEWOOD AVE. SUITE 100 TULSA, OK 74117-1808	Mailing Address 6929 N. LAKEWOOD AVE. SUITE 100 TULSA, OK 74117-1808
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DO NOT WRITE IN THIS SPACE



01052006 No Chg-P CR2E034 (11/05)

4. FEI Number 75-3123541	Applied For 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 C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000400346 02/01/06-80049-013 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO LOBECK, WILLIAM 6929 N. LAKEWOOD AVE., STE. 100 TULSA, OK 741171808
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COO PARELL, JEFF 6929 N. LAKEWOOD AVE., STE. 100 TULSA, OK 74117
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD SCHWARTZ, HOWARD 6929 N. LAKEWOOD AVE., STE. 100 TULSA, OK 74117
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT KENNELL, GERARD J 6929 N. LAKEWOOD AVE., STE. 100 TULSA, OK 741171808
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOBECK, WILLIAM 6929 N. LAKEWOOD AVE., STE. 100 TULSA, OK 741171808
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVPD KENNEDY, THOMAS C 6929 N. LAKEWOOD AVE., STE. 100 TULSA, OK 741171808

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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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Howard D. Schwartz, Director <small>Date</small>	918-401-6403 <small>Daytime Phone #</small>
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