


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 10, 2006 8:00 am**  
**Secretary of State**

02-10-2006 90017 012 \*\*\*150.00

|   |  |   |
|---|--|---|
| <b>DOCUMENT # F05000002777</b>  |  |  |
| 1. Entity Name<br>CONNETICS TRANSPORTATION GROUP, INC.                            |  |   |
| Principal Place of Business<br>1175 PEACHTREE ST, NE, STE 414<br>ATLANTA GA 30361 |  | Mailing Address<br>1175 PEACHTREE ST, NE, STE 414<br>ATLANTA GA 30361             |



|  |                   |  |                   |
|--|-------------------|--|-------------------|
| 2. Principal Place of Business<br>570 Colonial Park Drive<br>Suite, Apt. #, etc.<br>STE. 302 |                   | 3. Mailing Address<br>570 Colonial Park Drive<br>Suite, Apt. #, etc.<br>STE. 302 |                   |
| City & State<br>ROSWELL GA   |                   | City & State<br>ROSWELL, GA  |                   |
| Zip<br>30075   | Country<br>FULTON | Zip<br>30075   | Country<br>FULTON |

1st MOORE CR2E034 (10/05)

|   |  |   |
|---|--|---|
| 4. FEI Number<br>20-2342464   |  | Applied For<br><input type="checkbox"/> Not Applicable  |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required  |  |   |
| 6. Name and Address of Current Registered Agent<br>C T CORPORATION SYSTEM<br>1200 SOUTH PINE ISLAND ROAD<br>PLANTATION FL 33324 |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00.**  
**After May 1, 2006 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

| 10. OFFICERS AND DIRECTORS                     |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|--|--|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>ROSALES, SUSAN<br>5823 TELLEFSON RD<br>CULVER CITY CA 90230 <input type="checkbox"/> Delete             | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DVPS<br>HEARD, MILBREY<br>1175 PEACHTREE ST, NE, STE 414<br>ATLANTA GA 30361 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | 570 Colonial Park Drive<br>STE. 302<br>ROSWELL, GA 30075 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DVP<br>BAKER, JAMES<br>1175 PEACHTREE ST, NE, STE 414<br>ATLANTA GA 30361 <input type="checkbox"/> Delete    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | 570 Colonial Park Drive<br>STE. 302<br>ROSWELL, GA 30075 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DVPT<br>CROBONS, TIMOTHY<br>200 WAYMONT CT, STE 126#3<br>LAKE MARY FL 32746 <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>ROSALES, SUSAN<br>5823 TELLEFSON RD<br>CULVER CITY CA 90230 <input type="checkbox"/> Delete             | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:** Maribel Tanwiji 2/1/06 (678) 461-0909 EXT. 11  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #