

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 20, 2008 8:00 am**  
**Secretary of State**

05-20-2008 90005 013 \*\*\*150.00

<b>DOCUMENT # F05000002777-</b>					
<b>1. Entity Name</b> CONNETICS TRANSPORTATION GROUP, INC.					
<b>Principal Place of Business</b> 570 COLONIAL PK DR STE 302 ROSWELL, GA 30075			<b>Mailing Address</b> 570 COLONIAL PK DR STE 302 ROSWELL, GA 30075		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 20-2342464	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
CROBONS, TIM 200 WAYMONT COURT, SUITE 126 LAKE MARY, FL 32746			Name <u>Tim Crobons</u> Street Address (P.O. Box Number is Not Acceptable) <u>142 W. Lakeview Ave.</u> <u>Suite 2070</u> City <u>Lake Mary</u> <b>FL</b> Zip Code <u>32746</u>		
<b>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.</b>					
SIGNATURE <u>Timothy Crobons</u> <small>Signature typed or printed name of registered agent and title if applicable.</small>			DATE <u>5/14/08</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>		
<b>FILE NOW!!! FEE IS \$150.00</b> <b>Due by September 12, 2008</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b> In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> D <b>NAME</b> ROSALES, SUSAN <b>STREET ADDRESS</b> 5823 TELLEFSON RD <b>CITY-ST-ZIP</b> CULVER CITY, CA 90230	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> DVPS <b>NAME</b> HEARD, MILBREY <b>STREET ADDRESS</b> 570 COLONIAL PK DR <b>CITY-ST-ZIP</b> ROSWELL, GA 30075	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> DVP <b>NAME</b> BAKER, JAMES <b>STREET ADDRESS</b> 570 COLONIAL PK DR <b>CITY-ST-ZIP</b> ROSWELL, GA 30075	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> DVPT <b>NAME</b> CROBONS, TIMOTHY <b>STREET ADDRESS</b> 200 WAYMONT CT, STE 126#3 <b>CITY-ST-ZIP</b> LAKE MARY, FL 32746	<input type="checkbox"/> Delete		<b>TITLE</b> DVPT <b>NAME</b> Timothy Crobons <b>STREET ADDRESS</b> 142 W. Lakeview Ave. <b>CITY-ST-ZIP</b> Suite 2070 Lake Mary, FL 32746	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> P <b>NAME</b> ROSALES, SUSAN <b>STREET ADDRESS</b> 5823 TELLEFSON RD <b>CITY-ST-ZIP</b> CULVER CITY, CA 90230	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> <u>Maribel Jarrovi</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>5/14/08</u> <u>678-461-0969 ext. 11</u> <small>Daytime Phone #</small>		