2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2009
Secretary of State

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Entity Name: XPERT TRANSPORTATION, INC.

Current Principal Place of Business:

140 SOUTH PRADO RD
EL PASO, TX 79907

New Principal Place of Business:

Current Mailing Address:

140 SOUTH PRADO RD
EL PASO, TX 79907

New Mailing Address:

P.O. BOX 17993
EL PASO, TX 79917

FEI Number: 74-2132254 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CAPITOL CORPORATE SERVICES, INC.
155 OFFIC PLAZA DR SUITE A
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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:

Title: DT ( ) Delete
Name: CARDWELL, JAMES A SR
Address: 6080 SURETY DRIVE
City-St-Zip: EL PASO, TX 79905

Title: VP/D ( ) Delete
Name: CARDWELL, JAMES A JR
Address: 6080 SURETY DRIVE
City-St-Zip: EL PASO, TX 79905

Title: V ( ) Delete
Name: SINGLETON, JAMES M
Address: 140 SOUTH PRADO RD
City-St-Zip: EL PASO, TX 79907

Title: S ( ) Delete
Name: WHITTENTON, BARBARA
Address: 6080 SURETY DRIVE
City-St-Zip: EL PASO, TX 79905

Title: PTD (X) Delete
Name: CARDWELL, JAMES A SR
Address: 6080 SURETY DRIVE
City-St-Zip: EL PASO, TX 79905

Title: VP/D (X) Delete
Name: SINGLETON, JAMES M
Address: 140 S. PRADO ROAD
City-St-Zip: EL PASO, TX 79907

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change ( ) Addition
Name: CARDWELL, JAMES A SR
Address: 6080 SURETY DRIVE
City-St-Zip: EL PASO, TX 79905

Title: VPD (X) Change ( ) Addition
Name: CARDWELL, JAMES A JR
Address: 6080 SURETY DRIVE
City-St-Zip: EL PASO, TX 79905

Title: VPD (X) Change ( ) Addition
Name: SINGLETON, JAMES M
Address: 140 SOUTH PRADO RD
City-St-Zip: EL PASO, TX 79907

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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.

SIGNATURE: JAMES M SINGLETON VPD 03/06/2009

Electronic Signature of Signing Officer or Director Date