2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2006
Secretary of State

DOCUMENT# F96000004728

Entity Name: HOEGH AUTOLINERS INC.

Current Principal Place of Business:

500 N. BROADWAY
JERICHO ATRIUM
JERICHO, NY 11753

New Principal Place of Business:

Current Mailing Address:

500 N. BROADWAY
JERICHO ATRIUM
JERICHO, NY 11753

New Mailing Address:

FEI Number: 13-2733940 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WARREN, LARRY
9620 DAVE RAWLS BLVD
BLOUNT ISLAND TERMINAL
JACKSONVILLE, FL 32226 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:	P	( ) Delete
Name:	BUTCHER, JAMES E	
Address:	27 MILL DAM ROAD	
City-St-Zip:	SMITHTOWN, NY 11787	
Title:	DC	( ) Delete
Name:	LYNGAS, PER GUSTAV	
Address:	WERGELANDSVEIEN 7, BOX 2596 SOLLI	
City-St-Zip:	OSLO,, NO N0-023 NO	
Title:	VP	( ) Delete
Name:	WINOGRAD, ROY	
Address:	7 GENTORE COURT	
City-St-Zip:	EDISON, NJ 08820	
Title:	D	( ) Delete
Name:	KRISTOFFERSEN, ANDERS N	
Address:	WERGELANDSVEIEN 7, PO BOX 2596 SOLLI	
City-St-Zip:	OSLO,, NO N0-023 NO	
Title:	D	( ) Delete
Name:	JENSEN, CHARLES	
Address:	WERGELANDSVEIEN 7, PO BOX 2596 SOLLI	
City-St-Zip:	OSLO,, NO N0-023 NO	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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 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: JOSEPH SAGGESE CPA 04/21/2006

Electronic Signature of Signing Officer or Director — Date