
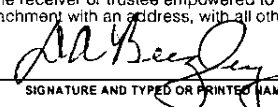


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 25, 2006 8:00 am**  
**Secretary of State**

07-25-2006 90021 023 \*\*\*150.00

<b>DOCUMENT # F96000004778</b> 1. Entity Name <b>ROCKY MOUNTAIN EXPRESS CORP.</b>					
Principal Place of Business <b>PO BOX 4209 EVERGREEN, CO 80437-4209</b>			Mailing Address <b>PO BOX 4209 EVERGREEN, CO 80437-4209</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>84-0918715</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>HUDSON, JAMES E 2301 PARK AVE STE 302 ORANGE PARK, FL 32073</b>			Name  Street Address (P.O. Box Number is Not Acceptable)  City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006</b>		9. Election Campaign Financing 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.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>LENTZ, WILLIAM W</b>	NAME			
STREET ADDRESS	<b>690 CLUB POND RD</b>	STREET ADDRESS			
CITY-ST-ZIP	<b>RAEFORD, NC 28376</b>	CITY-ST-ZIP			
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>PEPKOWSKI, TIMOTHY</b>	NAME			
STREET ADDRESS	<b>183 QUAKER WAY</b>	STREET ADDRESS			
CITY-ST-ZIP	<b>GOLDEN, CO 80401</b>	CITY-ST-ZIP			
TITLE	SVC <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>PACIFICO, VINCENT</b>	NAME			
STREET ADDRESS	<b>83 MICHIGAN AVENUE</b>	STREET ADDRESS			
CITY-ST-ZIP	<b>MASSAPEQUA, NY 11756</b>	CITY-ST-ZIP			
TITLE	TD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>ADELSON, SEYMOUR</b>	NAME			
STREET ADDRESS	<b>50 E 79TH STREET</b>	STREET ADDRESS			
CITY-ST-ZIP	<b>NEW YORK, NY 10021</b>	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>STEPHENS, PHIL</b>	NAME			
STREET ADDRESS	<b>2950 NE JELLISON ROAD</b>	STREET ADDRESS			
CITY-ST-ZIP	<b>BLUE SPRINGS, MO 64015</b>	CITY-ST-ZIP			
TITLE	C <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>HENDERSON, WILLIAM J</b>	NAME			
STREET ADDRESS	<b>34095 RANCHERO DRIVE</b>	STREET ADDRESS			
CITY-ST-ZIP	<b>EVERGREEN, CO 80439</b>	CITY-ST-ZIP			
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>SIGNATURE:</b> 		Controller		7/21/06 303 674 8522	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	