
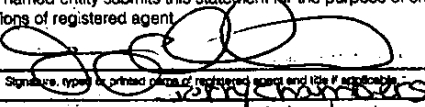
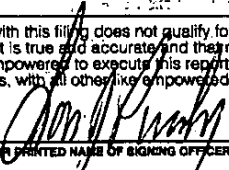


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2005 8:00 am
Secretary of State

01-24-2005 90053 044 ***158.75

DOCUMENT # F97000005080			
1. Entity Name LESAINT LOGISTICS TRANSPORTATION, INC.			
Principal Place of Business 2702 DIRECTORS ROW ORLANDO, FL 32809		Mailing Address 95 S ROUTE 83 GRAYSLAKE, IL 60030 US	
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 31-1013129		Applied For <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 GOODWIN, LENNIE 2702 DIRECTORS ROW ORLANDO, FL 32809		7. Name and Address of New Registered Agent Name Jerry Chambers Street Address (P.O. Box Number is Not Acceptable) 2702 Directors Row City Orlando FL Zip Code 32809	
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  DATE 1/15/05 (NOTE: Registered Agent signature required when retreating)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C ANGER, HANS A JR 95 S ROUTE 83 GRAYSLAKE, IL 60030 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Brian Davis VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4487 LeSaint Court Fairfield, OH 45014
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PENNINGTON, JEFF 95 S ROUTE 83 GRAYSLAKE, IL 60030 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Steve Beverly VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4487 LeSaint Court Fairfield OH 45014
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOETSCH, CHARLES L 95 S ROUTE 83 GRAYSLAKE, IL 60030 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST PURDY, LON J 95 S ROUTE 83 GRAYSLAKE, IL 60030 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPOS WILSON, SCOTT 95 S ROUTE 83 GRAYSLAKE, IL 60030 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPOO MITTS, ROBERT 4487 LASAINT COURT FAIRFIELD, OH 45014 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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 exemption stated in Section 119.07(3)(i), 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: 		Date 1/18/05 Daytime Phone # (847) 223-1441	

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