2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000005862

Entity Name: MAUDLIN INTERNATIONAL TRUCKS, INC.

FILED Feb 04, 2005 Secretary of State

•		, <u> </u>			
Current Principal Place of Business:			New Principal Place of Business:		
	IVISION AVE. D, FL 32805				
Current Mailing Address:			New Mailing Address:		
	IVISION AVE. D, FL 32805				
FEI Number	: 59-3474821	FEI Number Applied For()	FEI Number Not Applicable () Certificate of Status Desired	() t	
Name and Address of Current Registered Agent:			Name and Address of New Registered Agent:		
1200 SOU	PORATION SY ITH PINE ISLA ION, FL 3332	ND ROAD			
The above in the State	e named entity e of Florida.	submits this statement for the p	ourpose of changing its registered office or registered agent, o	or both,	
SIGNATU					
		nic Signature of Registered Ag	ent Date		
Election Car	mpaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR		
Title: Name: Address: City-St-Zip:	V.P. (KOVACH, PAU 4201 WINFIEL WARRENVILLI	D RD	Title: PRES (X) Change () Addition Name: MAUDLIN, JOHN A Address: 102 RED SKY COURT City-St-Zip: LAKE MARY, FL 32746		
Title: Name: Address: City-St-Zip:	WILSON, WILI 120 BLUE STO		Title: () Change () Addition Name: Address: City-St-Zip:		
Title: Name: Address: City-St-Zip:	ST (X WAKE, LARRY 4201 WINFIEL WARRENVILLI	D RD.	Title: () Change () Addition Name: Address: City-St-Zip:		
Title: Name:	AST (X GRZEMSICI, F 4201 WINFIEL		Title: () Change () Addition Name: Address:		

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

City-St-Zip:

SIGNATURE: WILLIAM T. WILSON ST 02/04/2005

WARRENVILLE, IL 60555

City-St-Zip: