

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000001959

FILED
Apr 24, 2006
Secretary of State

Entity Name: MORAN TRANSPORTATION INDUSTRIES, INC.

Current Principal Place of Business:

151 LAVAN STREET
WARWICK, RI 02888

New Principal Place of Business:

2550 EISENHOWER BLVD
SUITE 206, PO BOX 460486
FORT LAUDERDALE, FL 33316

Current Mailing Address:

151 LAVAN STREET
WARWICK, RI 02888

New Mailing Address:

FEI Number: 05-0365836 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MORAN, KELLY J
16671 HEMMINGWAY DR.
WESTON, FL 33326 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: PD () Delete
Name: BLACK, MICHAEL T
Address: 151 LAVAN STREET
City-St-Zip: WARWICK, RI 02888

Title: CEO () Delete
Name: BLACK, JAMES A
Address: 333 N SA, HOUSTON PKWY EAST STE 950
City-St-Zip: HOUSTON, TX 77060

Title: S () Delete
Name: EARLE, JOHN G
Address: 222 JEFFERSON BLVD
City-St-Zip: WARWICK, RI 02888

Title: TD () Delete
Name: BLACK, MICHAEL T
Address: 151 LAVAN STREET
City-St-Zip: WARWICK, RI 02888

Title: COMP () Delete
Name: NEWMAN, SUSAN J
Address: 151 LAVAN STREET
City-St-Zip: WARWICK, RI 02888

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: ASEC (X) Change () Addition
Name: JENNINGS, KIMBERLY W
Address: 333 N SA, HOUSTON PKWY EAST STE 950
City-St-Zip: HOUSTON, TX 77060

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: MICHAEL T. BLACK

PD

04/24/2006

Electronic Signature of Signing Officer or Director

_____ Date