

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G57859

FILED
May 05, 2005
Secretary of State

Entity Name: EAST COAST TRANSPORTATION, INC.

Current Principal Place of Business:

14125 BEACH BLVD
JACKSONVILLE, FL 32250 US

New Principal Place of Business:

Current Mailing Address:

4530 WISCONSIN AVENUE N.W.
5TH FLOOR
WASHINGTON, DC 20016

New Mailing Address:

4530 WISCONSIN AVENUE NW
5TH FLOOR
WASHINGTON, DC 20016

FEI Number: 59-2363401 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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: WOLFINGTON, VINCENT A
Address: 4949 LOWELL STREET NW
City-St-Zip: WASHINGTON, DC 20016

Title: VPT () Delete
Name: LAHR, MITCHELL J
Address: 13520 STONEBARN LANE
City-St-Zip: GAITHERSBURG, MD 20878

Title: VPD () Delete
Name: MURPHY, DEVIN J
Address: 215 CENTURY PLACE #1103
City-St-Zip: ALEXANDRIA, VA 22304

Title: VPS () Delete
Name: KESSLER, GARY L
Address: 3706 MANOR ROAD #2
City-St-Zip: CHEVY CHASE, MD 20815

Title: D (X) Delete
Name: LARSEN, JEFFREY R
Address: 240 E 86TH STREET #7-O
City-St-Zip: NEW YORK, NY 10028

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MURPHY, DEVIN J
Address: 215 CENTURY PLACE #1103
City-St-Zip: ALEXANDRIA, VA 22304

Title: VPTD (X) Change () Addition
Name: LAHR, MITCHELL J
Address: 13520 STONEBARN LANE
City-St-Zip: GAITHERSBURG, MD 20878

Title: D (X) Change () Addition
Name: FOLEY, SARAH
Address: 830 THIRD AVENUE, 3RD FLOOR
City-St-Zip: NEW YORK, NY 11022

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 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.

SIGNATURE: GARY L. KESSLER

Electronic Signature of Signing Officer or Director

VPS

05/05/2005

_____ Date