

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 30, 2006 8:00 am**  
**Secretary of State**

01-30-2006 90075 038 \*\*\*150.00

**DOCUMENT # G57859**

1. Entity Name  
 EAST COAST TRANSPORTATION, INC.



Principal Place of Business  
 14125 BEACH BLVD  
 JACKSONVILLE, FL 32250 US

Mailing Address  
 4530 WISCONSIN AVENUE NW  
 5TH FLOOR  
 WASHINGTON, DC 20016



01062006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-2363401	Applied For Not Applicable
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5. Certificate of Status Desired  **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

CORPORATION SERVICE COMPANY  
 1201 HAYS STREET  
 TALLAHASSEE, FL 32301

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MURPHY, DEVIN J 215 CENTURY PLACE #1103 ALEXANDRIA, VA 22304
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPTD LAHR, MITCHELL J 13520 STONEBARN LANE GAITHERSBURG, MD 20878
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FOLEY, SARAH 830 THIRD AVENUE, 3RD FLOOR NEW YORK, NY 11022
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS KESSLER, GARY L 3706 MANOR ROAD #2 CHEVY CHASE, MD 20815
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01.06.06  
Date

202.895.1200  
Daytime Phone #