2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 17, 2006 8:00 am Secretary of State

Principal Place of Business	DOCUMENT # H51818 1. Enity Name GOLDEN HARVEST TRUCK BROKERAGE COMPANY						01-17-2006 9	90261 026 ***1	50.00
498 MARE AVE FORT PIERCE, FL 34992 US PORT PIERCE, FL 34954 US 2. Principal Piece of Business Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & Stat	Principal Place of Business Mailing Address					1		 -	
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Zip	Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		01052006	Chg-P	CR2E034 (11/05	
S. Name and Address of Current Registered Agent S. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BASS, R. DALE 8888 ANDREWS AVENUE FT. PIERCE, FL 24564x 34 945 Sirest Address (P.O. Box Number is Not Acceptable) City FL Zip Code 1. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Roide. I am familiar with, and accept the octigations of registered agent, or both, in the State of Roide. I am familiar with, and accept the octigations of registered agent. SIGNATURE THE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 After May 1, 2006 Fee will be \$550.00 The Contribution. Deficers AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 THE NAME BASS, R. DALE BASS, R. DALE BASS, DAINA L B	City & State		City & State				034	} ∤-	
BASS, R. DALE 8686 ANDREWS AVENUE FT. PIERCE, FL 34956x 34945 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Symuno, function of protective agent and tibe if applicable (nOTE Registered Agent signature required when rematishing) PILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. ITIE	Zip	Country	Zip Cour		ntry			□ \$8.75 A	dditional
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Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code					Name	•			
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. 1 am familiar with, and accept the obligations of registered agent and size if applicable. Signature Signatu	8686 ANDREWS AVENUE				Street Address (P.O. Box Number is Not Acceptable)				
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reflect on this report or supplies with the fundamental 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 attackment with an address, with all other like empowered.

SIGNATURE: _

SIGNATURE AND TYPED OR PRINTED MAME OF SIGNING OFFICER OR DIRECTOR

1/11/06

772/461-6669

Date

Daytime Phone #