

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 03, 2006 08:00 AM**  
**Secretary of State**

|                                                                         |                                                                                   |
|-------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # J08125</b><br>1. Entity Name<br>N-E-WHERE TRANSPORT, INC. |  |
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|                                                                              |                                                                   |
|------------------------------------------------------------------------------|-------------------------------------------------------------------|
| Principal Place of Business<br>3808 B DR. M.L.K. BLVD EAST<br>TAMPA FL 33610 | Mailing Address<br>3808 B DR. M.L.K. BLVD. EAST<br>TAMPA FL 33610 |
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|                                                       |                                           |
|-------------------------------------------------------|-------------------------------------------|
| 2. Principal Place of Business<br>Suite, Apt. #, etc. | 3. Mailing Address<br>Suite, Apt. #, etc. |
| City & State                                          | City & State                              |
| Zip                                                   | Country                                   |

|                             |                               |
|-----------------------------|-------------------------------|
| 1st MOORE                   | CR2E034 (10/05)               |
| 4. FCI Number<br>59-2678105 | Applied For<br>Not Applicable |

|                                                                                          |                                                                                                                      |                                                                                                                                  |
|------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | 6. Name and Address of Current Registered Agent<br>AMATO, LENORE L.<br>3808 B DR. M.L.K. BLVD EAST<br>TAMPA FL 33610 | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>FL Zip Code |
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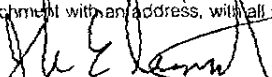
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

|           |                                                                               |                                                              |      |
|-----------|-------------------------------------------------------------------------------|--------------------------------------------------------------|------|
| SIGNATURE | Signature (typed or printed name of registered agent and title if applicable) | (NOTE: Registered Agent signature required when translating) | DATE |
|-----------|-------------------------------------------------------------------------------|--------------------------------------------------------------|------|

|                                                                                                                            |                                                                                                                 |
|----------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|
| FILE NOW!!! FEE IS \$150.00<br>After May 1, 2006 Fee Will Be \$550.00<br>Make Check Payable to Florida Department of State | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|----------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|

| 10. OFFICERS AND DIRECTORS                     |                                                                                                                 | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |                                                                                                           |
|------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | BD<br>AMATO, JOHN E P & T<br>3808 B DR. M.L.K. BLVD. EAST<br>TAMPA FL 33610 <input type="checkbox"/> Delete     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Add<br>000000454932<br>03/15/06-80035-017 150.00 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | BD<br>LENORE, AMATO L V-P & S<br>3808 B DR. M.L.K. BLVD. EAST<br>TAMPA FL 33610 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Add                                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                                 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Add                                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                                 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Add                                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                                 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Add                                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                                 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Add                                              |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

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| SIGNATURE:  JOHN E. AMATO | 2-27-06 | 813-626-2888 |
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