2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2006
Secretary of State

DOCUMENT# J41813

Entity Name: BONNIE TRUCKING, INC.

Current Principal Place of Business:

C/O JOE BONNIE
90 SW 8TH AVE
BOCA RATON, FL 33486 US

New Principal Place of Business:

Current Mailing Address:

C/O JOE BONNIE
90 SW 8TH AVE
BOCA RATON, FL 33486 US

New Mailing Address:

FEI Number: 59-2739073 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

STEIGERWALD, CATHERINE A
1381 SW 2 STREET
BOCA RATON, FL 33486 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: BONNIE, JOSEPH R.,
Address: 90 SW EIGHTH AVENUE
City-St-Zip: BOCA RATON, FL 33486

Title: T ( ) Delete
Name: BONNIE, THERESA A
Address: 150 SW 8TH TERR
City-St-Zip: BOCA RATON, FL 33486

Title: S ( ) Delete
Name: BONNIE, NAOMI A.,
Address: 90 SW 8TH AVENUE
City-St-Zip: BOCA RATON, FL 33486

Title: V ( ) Delete
Name: BONNIE II JOSEPH R,
Address: 783 SW 3RD ST
City-St-Zip: BOCA RATON, FL 33486

Title: V ( ) Delete
Name: STEIGERWALD, JASON
Address: 1381 SW 2 STREET
City-St-Zip: BOCA RATON, FL 33486

Title: V ( ) Delete
Name: SMOUT, LEE
Address: 101 SW 8 TERRACE
City-St-Zip: BOCA RATON, FL 33486

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: ( ) 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 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: JOSEPH R BONNIE PD 04/11/2006

Electronic Signature of Signing Officer or Director Date