2006 FOR PROFIT CORPORATION ANNUAL REPORT FILED Jan 31, 2006 08:00 AN Secretary of State DOCUMENT # J89812 1. Entity Name ELLWOOD TRUCKING COMPANY Principal Place of Business Mailing Address 15714 PETTICOAT LANE 15714 PETTICOAT LANE HUDSON, FL 34667 HUDSON, FL 34667 01242006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FE! Number Applied For 59-2850946 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ELLWOOD, DANIEL J DO NOT WRITE 15714 PETTICOAT LANE HUDSON, FL 34667 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE I\$ \$150.00 After May 1, 2006 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE ELLWOOD, DANIEL NAME STREET ADDRESS 15714 PETTICOAT LANE CITY-ST-ZIP HUDSON, FL 34667 TITLE U00000408830 02/08/06-80073-023 150,00 NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAMÉ STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

officer

1-27-06