2006 FOR PROFIT CORPORATION

FILED

	AMI	ME IVER	<u>/1/ I </u>	<u>,</u>	المساف	Apr I	/ . 2000) U8:UU /
1. Entity Nam	MENT # K05830		Secretary of State					
TOLSAT	IME TRUCKING, INC.							
Principal Plac	e of Business	Mailing Ad	dress					-
2722 172NI		2722 17		•				
LAKE CITY, F	L 32024	LAKE CH	Y, FL 32024					
	e,		, , , , , , , , , , , , , , , , , , ,					
<u> </u>					04122006	No Chg-P	CR2E034 (1	1/05)
	O NOT WR	ITE IN T	HIS SPA	CE	4. FEI Numb	er		Applied For
				216	65-004			Not Applicable
}		- *			5. Certificate	of Status Desired		75 Additional Required
	6. Name and Address of C	urrent Registered As	gent		-	<u> </u>		
BURKET.	THOMAS				D0	NOT W	معاملا العد	
2722 172	ST		טַעַ	NOT W	KliE	ر من معمد مد د من معمد مد		
LAKE CIT	Y, FL 32024	-	IN "	THIS SP	ACE			
				1			-	
8. The above	named entity submits this state	ment for the ourcose	of changing its registe	red office or register	ed agent, or bo	oth, in the State of Flo	orida. I em famili	ar with, and accept
	tions of registered agent.						, ,	
SIGNATURE.				. + / 211		*	<u></u>	
	Signature, typed or printed name of registe	red agent and title if applicable	I. (NOTE: Register	ed Agent signature required	t when reinstating)	-	DATE.	, <u></u>
FIL After M	E NOW!!! FEE IS \$150. ay 1, 2006 Fee will be	UU 1	lection Campaign Fina rust Fund Contribution		.00 May Be ed to Fees			
10.	OFFICER	S AND DIRECTORS				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1,585.53	
TITLE NAME	P BURKET, THOMAS							•
STREET ADDRESS	2722 172 ST					noooo	515121	
CITY-ST-ZIP	LAKE CITY, FL 32024			4 .		04/29/06-	-80194-U2	2 199.75
TITLE NAME	VP MARLEY, ROSE				•	n		· · · · · · · · · · · · · · · · · · ·
STREET ADDRESS	2722 172 ST							8.1
CITY-ST-ZIP	LAKE CITY, FL 32024			4		=		
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NAME								
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STREET ADDRESS								A ex el la del hades pe
CITY-ST-ZIP	1 11 11 11 11				11-00-	A Fladda A	Carle and arts of	dange, topposer i garage
12. Thereby	certify that the information suppl	ea with this filing doe	s not qualify for the ex	kemptions contained	in Chapter 11	e, Florida Statutes. I	runner centry th	at 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: Less Marly Rose MAILLEY SIGNATURE AND TYPED ORPRINTED NAME OF SIGNING OFFICER OR DIRECTOR