


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90144 050 ***150.00

DOCUMENT # K27070	
1. Entity Name H. K. TRANSPORT, INC.	

Principal Place of Business 143 GALIANO ST. ROYAL PALM BEACH FL 33411	Mailing Address 143 GALIANO ST. 1420 FERNLEA DR ROYAL PALM BEACH FL 33411
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address 143 GALIANO ST. Suite, Apt. #, etc.
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1st MOORE CR2E034 (10/05)

City & State ROYAL PALM BCH, FL.	City & State ROYAL PALM BCH, FL.	4. FEI Number 65-0066633	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
Zip 33411	Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent KOEDAM, HARRO 143 GALIANO ST. ROYAL PALM BEACH FL 33411	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City 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 _____ (NOTE: Registered Agent signature required when constituting) DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	DCP	<input type="checkbox"/> Delete		TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KOEDAM, HARRO			NAME			
STREET ADDRESS	1420 FERNLEA DR			STREET ADDRESS	143 GALIANO ST.		
CITY-ST-ZIP	W. PALM BCH FL			CITY-ST-ZIP	ROYAL PALM BCH, FL.		
TITLE	SD	<input type="checkbox"/> Delete		TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KOEDAM, BERNICE			NAME			
STREET ADDRESS	1420 FERNLEA DR			STREET ADDRESS	143 GALIANO ST.		
CITY-ST-ZIP	W. PALM BCH FL			CITY-ST-ZIP	ROYAL PALM BCH, FL.		
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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.

SIGNATURE: *H. Koedam* **H.J. KOEDAM** 4/21/06 561 723 6767
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #