

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
APR 25 AM 10:23



<b>DOCUMENT # K77501</b> 1. Entity Name <b>NORTH WEST EXPRESS, INC.</b>		2. Principal Place of Business - No P.O. Box # <b>4062 Stoneler Place Ct.</b>		3. Mailing Address <b>Po Box 180343</b>	
Principal Place of Business <b>2033 MAIN STREET STE 400 SARASOTA, FL 34237</b>		Mailing Address <b>4062 STONELER TALLAHASSEE, FL 32303 . US</b>		4. FEI Number <b>65-0112733</b>	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
City & State <b>Tallahassee FL</b>		City & State <b>Tallahassee FL</b>		Applied For <input type="checkbox"/> Not Applicable	
Zip <b>32303</b>		Country 		Zip <b>32318</b>	
Country 		Country 		04252007 Chg-P CR2E034 (12/06)	
<b>6. Name and Address of Current Registered Agent</b> <b>HANKIN, LAWRENCE M 2033 MAIN ST STE 400 SARASOTA, FL 34237</b>			<b>7. Name and Address of New Registered Agent</b> Name <b>James M. Gregor</b> Street Address (P.O. Box Number is Not Acceptable) <b>4062 Stoneler Place Ct</b> City <b>Tallahassee</b> <b>FL</b> Zip Code <b>32303</b>		
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: <i>James M. Gregor</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE <b>D</b>	NAME <b>MCGREGOR, JAMES</b>		TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS <b>4062 STONELER PLACE COURT</b>	CITY-ST-ZIP <b>TALLAHASSEE, FL</b>		NAME 	<b>500098477295</b>	
CITY-ST-ZIP 			STREET ADDRESS 	<b>04/25/07--01007--004 **150.00</b>	
CITY-ST-ZIP 			CITY-ST-ZIP 		
TITLE <b>VP</b>	NAME <b>BARNES, GRACE</b>		TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS <b>4062 STONELER PLACE COURT</b>	CITY-ST-ZIP <b>TALLAHASSEE, FL</b>		NAME 		
CITY-ST-ZIP 			STREET ADDRESS 		
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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 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>James M. Gregor</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date</small>				<small>Daytime Phone #</small>	