2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 27, 2006
Secretary of State

DOCUMENT# L04000033570

Entity Name: HAULING PLUS, LLC

Current Principal Place of Business:

1476 ASH CIRCLE
#200
CASSELBERRY, FL 32707

New Principal Place of Business:

522 BOXELDER AVE
ALTAMONTE SPRINGS, FL 32714

Current Mailing Address:

1476 ASH CIRCLE
#200
CASSELBERRY, FL 32707

New Mailing Address:

522 BOXELDER AVE
ALTAMONTE SPRINGS, FL 32714

FEI Number: 92-0182392 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KHALIL, OMAR S
1476 ASH CIRCLE
#200
CASSELBERRY, FL 32707 US

Name and Address of New Registered Agent:

KHALIL, OMAR S
522 BOXELDER AVE
ALTAMONTE SPRINGS, FL 32714 US

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: _____ 02/27/2006
Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: KHALIL, OMAR S
Address: 1476 ASH CIRCLE #200
City-St-Zip: CASSELBERRY, FL 32707

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: KHALIL, OMAR S
Address: 522 BOXELDER AVE
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

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 is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: OMAR KHALIL MNG 02/27/2006
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date