2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000063746

Entity Name: M & E TRUCKING LLC

City-St-Zip:

LAKE PLACID, FL 33852 US

FILED Feb 19, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 130 JOSEPHINE AVE 137 JOSEPHINE AVE LAKE PLACID, FL 33852 LAKE PLACID, FL 33852 **Current Mailing Address: New Mailing Address:** 130 JOSEPHINE AVE 137 JOSEPHINE AVE LAKE PLACID, FL 33852 LAKE PLACID, FL 33852 FEI Number: 77-0645156 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: AGENTS AND CORPORATIONS, INC. SUITE E, 773 4TH AVENUE NORTH NAPLES, FL 34102 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: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: Title: () Change () Addition () Delete WILSON, MARIO A MGR Name: Name: Address: 130 JOSEPHINE AVE Address: City-St-Zip: LAKE PLACID, FL 33852 US City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: WILSON, ELAINE MGRM Name: Address: 130 JOSEPHINE AVE Address: City-St-Zip: LAKE PLACID, FL 33852 US City-St-Zip: Title: MGRM () Delete Title: () Change () Addition WILSON, SHIRLEY MGRM Name: Name: Address: 118 JOSEPHINE AVE Address:

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.

City-St-Zip:

SIGNATURE: MARIO WILSON MANG 02/19/2007