

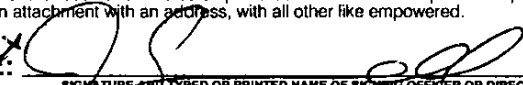


2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # L42980 1. Entity Name V.L.Y. TRUCKING, INC.						FILED 2008 NOV 17 PM 4:12 SECRETARY OF STATE TALLAHASSEE, FLORIDA			
Principal Place of Business 1840 CARDINGTON RD DAYTON, OH 45409				Mailing Address 1840 CARDINGTON RD DAYTON, OH 45409					
2. Principal Place of Business - No P.O. Box # 100 AEROSPACE DR.		3. Mailing Address 100 AEROSPACE DR							
Suite, Apt. #, etc. SUITE 102		Suite, Apt. #, etc. SUITE 102							
City & State MELBOURNE FL		City & State MELBOURNE FL							
Zip 32901		Country USA		11122008 Chg-P CR2E034 (12/06)		4. FEI Number 31-1289360		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required							
6. Name and Address of Current Registered Agent YOWELL, JAY 100 AEROSPACE DR #102 MELBOURNE, FL 32901				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>					
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
Amended AR is \$61.25				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees				DATE _____	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT YOWELL, JAY <input type="checkbox"/> Delete 100 AEROSPACE DR #102 MELBOURNE, FL 32901			TITLE NAME STREET ADDRESS CITY-ST-ZIP	A <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition YOWELL, Jay 100 AEROSPACE DR #102 MELBOURNE FL 32901				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete 			TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition YOWELL, STEVEN 100 AEROSPACE DR #102 MELBOURNE FL 32901				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete 			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition VD Cantillon, WILLIAM 100 AEROSPACE DR #102 MELBOURNE FL 32901				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete 			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition S/T CAROL YOWELL 100 AEROSPACE DR #102 MELBOURNE FL 32901				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete 			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 400138013744 11/17/08--01070--007 **\$1.25				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete 			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
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: 				11/12/08 320125-3611					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date Daytime Phone #</small>					