2005 FOR PROFIT CORPORATION

May 02, 2005 08:00 AM Secretary of State ANNUAL REPORT DOCUMENT # L73122 Entity Name LUXÚRIOUS TRANSPORTATION CO. Principal Place of Business Mailing Address 6212 29TH ST., EAST 6212 29TH ST., EAST BRADENTON, FL 34203 BRADENTON, FL 34203 CR2E034 (10/03) 04192005 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0204963 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent WALTERS, JEFFREY K. DO NOT WRITE 6212 29TH STREET, EAST BRADENTON, FL 34203 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE WALTERS, CHARLES NAME 7305 LINKS COURT STREET ADDRESS CITY-ST-ZIP SARASOTA, FL U00000357405 05/04/05-80073-018 150.00 TITLE WALTERS, JOHN D. III NAME 6804 PINEHURST PLACE STREET ADDRESS CITY-ST-ZIP BRADENTON, FL TITLE WALTERS, JEFFREY K. NAME 6816 PINEHURST PLACE STREET ADDRESS DO NOT WRITE BRADENTON, FL CITY-ST-ZIP IN THIS SPACE TITLE WALTERS, DEBORA L MAME STREET ADDRESS 4009 65TH STREET EAST CITY-ST-ZIP BRADENTON, FL 34208 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 3

STREET ADDRESS CITY - ST - ZIP

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

FILED