2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2006
Secretary of State

DOCUMENT# M56950

Entity Name: MMG TRANSPORTATION, INC.

Current Principal Place of Business:

C/O LOUIS A. MINARDI JR.
502 N. ORGEON AVE
TAMPA, FL 33606

New Principal Place of Business:

Current Mailing Address:

C/O LOUIS A. MINARDI JR.
502 N. ORGEON AVE
TAMPA, FL 33606

New Mailing Address:

FEI Number: 59-2867971 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MINARDI, DARRYL K
502 N. OREGON AVE.
TAMPA, FL 33606 US

Name and Address of New Registered Agent:

MINARDI, GLENN A
502 N. OREGON AVE.
TAMPA, FL 33606 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: GLENN A MINARDI 04/25/2006
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: MINARDI, DARRYL
Address: 502 N OREGON AVE
City-St-Zip: TAMPA, FL

Title: VD ( ) Delete
Name: MINARDI, JR., LOUIS
Address: 502 N OREGON AVE
City-St-Zip: TAMPA, FL

Title: SD ( ) Delete
Name: MINARDI, GLENN
Address: 502 N. OREGON
City-St-Zip: TAMPA, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: MINARDI, LOUIS A JR
Address: 502 N OREGON AVE
City-St-Zip: TAMPA, FL

Title: STD (X) Change ( ) Addition
Name: MINARDI, GLENN A
Address: 502 N OREGON AVE
City-St-Zip: TAMPA, FL

Title: D (X) Change ( ) Addition
Name: MINARDI, JOSEPH
Address: 502 N. OREGON
City-St-Zip: TAMPA, FL

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 or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GLENN A MINARDI STD 04/25/2006
Electronic Signature of Signing Officer or Director Date