


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 05, 2007 08:00 AM
Secretary of State

DOCUMENT # N06000006019	
1. Entity Name TRANSPORTATION WORKERS BENEFITS ASSOCIATION, INC	

Principal Place of Business 1551 NORTH FLAGLER DRIVE 1116 WEST PALM BEACH, FL 33401	Mailing Address 1551 NORTH FLAGLER DRIVE 1116 WEST PALM BEACH, FL 33401
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01162007 No Chg-NP CR2E037 (4/06)

4. FEI Number 11-3783337	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent CECCHINI, WALTER R JR. 1551 NORTH FLAGLER DRIVE 1116 WEST PALM BEACH, FL 33401
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**DO NOT WRITE
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25
Due by May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHMN CECCHINI, WALTER R JR WEST PALM BEACH, FL 33401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR PELLEGRIN, DANIEL 2201 PINEVIEW ST. TEXARKANA, AR 71854
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR YOUELL, COLIN C/O 1551 NORTH FLAGLER DRIVE #1116 WEST PALM BEACH, FL 33401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR FULLER, DALE 101 STURBRIDGE RALEIGH, NC 27615
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 617, 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: Walter R. Cecchini Jr. 2-23-07 (561) 837-9201

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #