

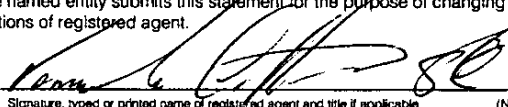
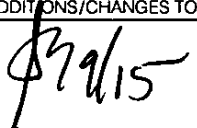
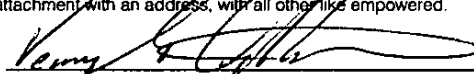


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # N07000011390</b> 1. Entity Name <b>3 KINGS COMMUNITY TRANSPORTING, INC.</b>						<b>FILED</b> <b>08 SEP 15 PH 4: 08</b> SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business <b>13725 YARMOUTH DRIVE</b> <b>WELLINGTON, FL 33414 US</b>				Mailing Address <b>13725 YARMOUTH DRIVE</b> <b>WELLINGTON, FL 33414 US</b>			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip		Zip					
4. FEI Number <b>35-2316661</b>				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input checked="" type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>			
<b>6. Name and Address of Current Registered Agent</b> <b>WILLIAMS, VENRICK SR</b> <b>13725 YARMOUTH DRIVE</b> <b>WELLINGTON, FL 33414</b>				<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </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 				<b>Venrick Williams</b>		<b>9/11/08</b> DATE	
Filing Fee is <b>\$61.25</b> Due by <b>September 12, 2008</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>			
TITLE	DP			TITLE			
NAME	WILLIAMS, VENRICK SR			NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS	13725 YARMOUTH DRIVE			STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP	WELLINGTON, FL 33414			CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE	T			TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	AIKEN, CHARICE			NAME	<b>Aiken, Delores</b>		
STREET ADDRESS	436 NW 7TH ST			STREET ADDRESS	<b>436 NW 7th St</b>		
CITY-ST-ZIP	BOYNTON BEACH, FL 33426			CITY-ST-ZIP	<b>Boynton Beach, FL 33426</b>		
TITLE	D			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WILLIAMS, CHARICE			NAME	<b>100135961421</b>		
STREET ADDRESS	13725 YARMOUTH DRIVE			STREET ADDRESS	<b>09/16/08--01016--001 **70.00</b>		
CITY-ST-ZIP	WELLINGTON, FL 33414			CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE	D			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	AIKEN, WILLIE			NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS	404 E M.L.K BLVD			STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP	BOYNTON BEACH, FL 33435			CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS				STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP				CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS				STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP				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 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.							
<b>SIGNATURE:</b> 				<b>9-11-08</b>		<b>561-876-0086</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date		Daytime Phone #	