## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P00000006584

City-St-Zip:

FILED Jun 24, 2009 Secretary of State

Entity Name: EXPEDITE TRANSPORT, INC.						
Current Pr	incipal Place o	f Business:	New Principal Place of Business:			
5100 VIVIA TAMPA, FL						
Current Ma	ailing Address	:	New Mailing Address:			
5100 VIVIA TAMPA, FL						
FEI Number:	59-3618977	FEI Number Applied For ( )	FEI Number Not Appli	cable ( )	Certificate of Status Desired ( )	
Name and	Address of Cu	rrent Registered Agent:	Name and	Name and Address of New Registered Agent:		
JAMES T G 6710 FORF HOLLYWO		US	JAMES T G 7838 97TH LIVE OAK,	COURT	JS	
The above in the State		bmits this statement for the pu	urpose of changing it	s registered of	fice or registered agent, or both,	
SIGNATURE:				06/24/2009		
	Electronic	Signature of Registered Ager	nt		Date	
		2)(b), F.S., the corporation did not rust Fund Contribution ( ).	receive the prior notice	<b>.</b>		
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	PD () D GRAY, SHARON I 5100 VIVIAN PLA TAMPA, FL 3361	CE	Title: Name: Address: City-St-Zip:	( )	Change ()Addition	
Title: Name: Address: City-St-Zip:	VD () D GRAY, FRED P 5100 VIVIAN PLA TAMPA, FL 3361	CE	Title: Name: Address: City-St-Zip:	( )	Change ( ) Addition	
Title: Name: Address: City-St-Zip:	STD () D GRAY, JAMES T 5100 VIVIAN PLA TAMPA, FL 3361		Title: Name: Address: City-St-Zip:	( )	Change ()Addition	
Title: Name: Address:	( ) D	elete	Title: Name: Address:	VD () GRAY, JAMES T 604 INNERGARY		

I hereby certify that the information supplied with this filing does not qualify 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.

City-St-Zip:

VALRICO, FL 33594

SIGNATURE: JAMES T GRAY STD 06/24/2009