2007 FOR PROFIT CORPORATION

FILED ANNUAL REPORT Apr 30, 2007 08:00 AM Secretary of State **DOCUMENT # P00000016742** POLK AIRPORT TRANSPORTATION, INC. Principal Place of Business Mailing Address 1213 KEYSTONE COURT 1213 KEYSTONE COURT AUBURNDALE, FL 33823 AUBURNDALE, FL 33823 04232007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3635048 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent TUCKER, CAROL J DO NOT WRITE 1213 KEYSTONE COURT AUBURNDALE, FL 33823 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registation) DATE 05/17/07-80003-004 150.00 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE 18 \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS TITLE NAME TUCKER, CAROL J STREET ADDRESS 1213 KEYSTONE COURT CITY-ST-ZIP AUBURNDALE, FL 33823 TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME

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 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.

STREET ADDRESS CITY-ST-ZIP

NAME... STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

BIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR