2006 FOR PROFIT CORPORATION

Mar 31, 2006 8:00 am Secretary of State **ANNUAL REPORT** 03-31-2006 90017 012 ***150.00 **DOCUMENT # P00000025343** 1. Entity Name J.A.M.S. TRUCKING, INC. 20007633 Principal Place of Business Mailing Address 2092 MOBILELAND DR. 2092 MOBILELAND DR. MELBOURNE, FL 32935 MELBOURNE, FL 32935 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01252006 CR2E034 (11/05) City & State City & State 4. FEI Number Applied For 59-3631240 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SCHNEIDER, RENEE T Street Address (P.O. Box Number is Not Acceptable) 2092 MOBILELAND DR. MELBOURNE, FL 32935 City Zip Code 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 reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Delete ☐ Change ☐ Addition TITLE TITLE SCHNIEDER, MARK NAME NAME 2092 MOBILELAND DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MELBOURNE, FL 32935 CITY-ST-ZIP DST ☐ Delete TITLE ☐ Change ■ Addition SCHNEIDER, RENE NAME NAME STREET ADDRESS 2092 MOBILELAND DR STREET ADDRESS CITY-ST-ZIP MELBOURNE, FL 32935 CITY-ST-7IP Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY+ST-ZIF Addition Change | TITLE ☐ Delete TITLE

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12. I hereby certify that the information supplied with this filling closes 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 attactment with an acceptance of the receiver of the corporation 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 attactment with an acceptance of the corporation of the corporation of 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 attactment with an acceptance of the corporation of 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 attactment of the corporation of the corporation

CITY-ST-ZIP

NAME

STREET ADDRESS

NAME

STREET ADDRESS CITY-ST-ZIP

mark Schnieder, Dir. 01/25/06