2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Secretary of State DOCUMENT # P00000032653 01-12-2006 90169 049 ***150.00 1. Entity Name CHEETAH EXPRESS, INC. Principal Place of Business Mailing Address 4000100 25415 TRADEWINDS DRIVE 25415 TRADEWINDS DRIVE LAND O'LAKES, FL 34639 LAND O'LAKES, FL 34639 2. Principal Place of Business 29314 Shinnecock 3. Mailing Address 29314 Shinnec Suite, Apt. #, etc. Suite, Apt. #. etc 01062006 CR2E034 (11/05) City & State City & State 4. FEI Number Applied For AN ANTONIO AN ANTONIO 59-3637378 Not Applicable \$8.75 Additional 5. Certificate of Status Desired دے کے ا 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 343 ALMERIA AVENUE CORAL GABLES, FL 33134 Zip Code FL 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) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PSD PSD TITLE Delete Change ☐ Addition KLAUS, DONALD E. 29314 Shinnelock Hills LANG KLAUS, DONALD E NAME NAME STREET ADDRESS 25415 TRADEWINDS DRIVE STREET ADDRESS LAND O'LAKES, FL 34639 CITY-ST-ZIP CITY-ST-7IP SAN ANTON 10, 71, 33576 TITLE VTD TITLE **いて**か Delete Change Addition NAME KLAUS, DONALD S NAME CLAUS DONALD S. STREET ADDRESS 25415 TRADEWINDS DRIVE STREET ADDRESS 7, 33544 LAND O'LAKES, FL 34639 CITY-ST-ZIP CTTY-ST-ZIP TITLE Delete TITLE NAME KLAUS, CHARLOTT AUS, Charlott Hills LANG NAME STREET ADDRESS 25415 TRADEWINDS DRIVE STREET ADDRESS CITY-ST-ZIP LAND O LAKES, FL 34639 CITY-ST-7IP AUTONIO, 71 33576 ☐ Delete TITLE ■ Addition ☐ Change NULE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP RILE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP 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.

FILED Jan 12, 2006 8:00 am