2006 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

May 10, 2006 8:00 am Secretary of State DOCUMENT # P00000073426 1. Entity Name 05-10-2006 90093 047 ***150.00 STRAITS TRUCKING, INC. Principal Place of Business Mailing Address 3310 PINEWALK DR N 3310 PINEWALK DR N MARGATE FL 33063 MARGATE FL 33063 2. Principal Place of Business 3. Mailing Address (5512 NN 5512 NW 41 Ave Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) Coconat Cruk City & State Applied For 4. FEI Number 65-1033373 Coconut (ree) Not Applicable 33073 Broward \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent Name and Address of New Registered Agent Name Mandel Accounting & Tax Services ADAMS, GERALD J 3310 PINEWALK DR N #818 MARGATE FL 33063 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 agen (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE Detete TITLE Change ☐ Addition Desnoyers, James NAME DESNOYERS, JAMES NAME ESIZ NW YIAVE FL.33073 STREET ADDRESS STREET ADDRESS 3310 PINEWALK DR N #1818 CITY-ST-ZIP MARGATE FL 33063 CITY-ST-7/P Delete TITLE Desnoyers, James 5512 NW 41 AVR Coconat Creek FL. 33073 Change TITLE ☐ Addition NAME DESNOYERS, JAMES NAME STREET ADDRESS 3310 PINEWALK DR N #1818 STREET ADDRESS CITY-ST-ZIP MARGATE FL 33063 CiTY-ST-ZiP Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-7IP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-70P CITY-ST-ZIP I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

SIGNING OFFICER OR DIRECTOR

FILED