05/25/2006 13:31 4078502113 ACCOUNTING

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May 30, 2006 8:00 am
Secretary of State
05-30-2006 90039 016 ***150.00

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000098138

1. Entity Name
A T BUS AND TRUCK, INC.

Principal Place of Business
9572 SYDNEY HAYES RD
STE 102
ORLANDO, FL 32824

Mailing Address
AT BUS & TRUCK
9572 SYDNEY HAYES RD STE 102
ORLANDO, FL 32824

05232006 Chg-P CR2E034 (11/05)

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number 59-3680370 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
SABATER, ELSA L
9572 SYDNEY HAYES RD
STE 102
ORLANDO, FL 32824

7. Name and Address of New Registered Agent
Name: Rosa Galdamez
Street Address (P.O. Box Number is Not Acceptable): 9572 Sydney Hayes Rd Ste 102
City: Orlando FL Zip Code: 32824

Rosa Galdamez

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: Rosa Galdamez 5-25-06
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
Due by September 6, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SABATER, ELSA L 12219 LEPERA CT. ORLANDO, FL 32824	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Rosa Galdamez 9572 Sydney Hayes Rd Ste.102 Orlando Florida 32824	☐ Change ☒ Addition
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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.

SIGNATURE: Rosa Galdamez 5-25-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #