


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 17, 2006 08:00 AM
Secretary of State

DOCUMENT # P01000037610	
1. Entity Name SUCCESS TRANSPORTATION INC:	

Principal Place of Business 840 S STATE ROAD 7 STE 105 PLANTATION FL 33317	Mailing Address 840 S STATE ROAD 7 STE 105 PLANTATION FL 33317
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2. Principal Place of Business 840 S State Road 7	3. Mailing Address 840 S State Road 7
Suite, Apt. #, etc. Suite #105	Suite, Apt. #, etc. Suite #105
City & State Plantation FL	City & State Plantation FL
Zip 33317	Country USA

1st MOORE CR2E034 (10/05)

4. FEI Number 65-1092260		Applied For <input type="checkbox"/> Not Applied
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent WALLACE, EUAL 3050 CORAL SPRINGS DR #5 CORAL SPRINGS FL 33065		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 Eual Wallace Eual Wallace CEO 2-14-2006 DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	<input type="checkbox"/> Delete	TITLE P	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME PINNOCK, LASCELLES		NAME	
STREET ADDRESS 3050 CORAL SPRINGS DR #5		STREET ADDRESS	
CITY-ST-ZIP CORAL SPRINGS FL 33065		CITY-ST-ZIP	
TITLE ST	<input type="checkbox"/> Delete	TITLE U000000437485	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME WALLACE, CLUETT		NAME	
STREET ADDRESS 3050 CORAL SPRINGS DR #5		STREET ADDRESS	
CITY-ST-ZIP CORAL SPRINGS FL 33065		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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

SIGNATURE: Eual Wallace 2-8-2006 954625687