


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # P01000051983 1. Entity Name POWER TRANSPORTATION, INC.	
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Principal Place of Business 717 JONES AVENUE HAINES CITY, FL 33844	Mailing Address 717 JONES AVENUE HAINES CITY, FL 33844
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01182006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3721395	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent REILLY, FRED ESQ 95 SOUTH TENTH ST. HAINES CITY, FL 33844	DO NOT WRITE IN THIS SPACE
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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 file if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SHAUGHNESSY, RICHARD B 3611 E. HINSON AVE. HAINES CITY, FL 33844
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GREEN, JOHN S 1103 SHADY COVE EAST HAINES CITY, FL 33044
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SHAUGHNESSY, NICHOLAS B 2938 LAKE MARION WAY HAINES CITY, FL 33844
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SHAUGHNESSY, SANDRA L 3611 E. HINSON AVENUE HAINES CITY, FL 33844
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/30/06-80029-004 158.75

**DO NOT WRITE
IN THIS SPACE**

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: Richard B. Shaughnessy
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-18-06
Date

863-421-5626
County Phone #