2006 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 28, 2006 08:00 AM **DOCUMENT # P01000080764** Secretary of State ARBOIS TRUCKING, INC. Principal Place of Business Mailing Address 810 7TH STREET S.W. 810 7TH STREET S.W. NAPLES, FL 34117 NAPLES, FL 34117 No Chg-P CR2E034 (11/05) 04132008 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1134582 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE ARBOIS, ALFONSO M 810 7TH STREET SW IN THIS SPACE NAPLES, FL 33964 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable Election Campaign Financing \$5.00 May Be Added to Fees FILE NOWIII FEE 18 \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. mle ARBOIS, ALFONSO MAME STREET ADDRESS 810 7TH STREET S.W. CITY-ST-ZIP NAPLES, FL 34117 TITLE U00000543711 05/11/06-80004-018 150.00 NAME STREET ADDRESS CHY-ST-DP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CRIV-ST-ZIP STREET ADTINESS CITY-ST-ZIP mE NAME STREET ADDRESS CNTY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the examptions 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 either fike empowered. 60¹ SIGNATURE: Daytime Phone 9

TEO NAME OF SIGNING OFFICER OR DIRECTOR

Date

SIGNATURE AND TYPED OF

FILED