

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000086403

FILED
Jul 11, 2005
Secretary of State

Entity Name: NATIONWIDE TRANSPORTATION SYSTEMS, INC.

Current Principal Place of Business:

3113 SALTAN AVE.
HOLIDAY, FL 34691

New Principal Place of Business:

3113 SALTON ST
HOLIDAY, FL 34691

Current Mailing Address:

3113 SALTAN AVE.
HOLIDAY, FL 34691

New Mailing Address:

3113 SALTON ST
HOLIDAY, FL 34691

FEI Number: 59-3745727

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FOWLER, MICHAEL L
3113 SALTAN AVE.
HOLIDAY, FL 34691 US

Name and Address of New Registered Agent:

FOWLER, MICHAEL L
3113 SALTON ST
HOLIDAY, FL 34691 US

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.

SIGNATURE:

07/11/2005

Electronic Signature of Registered Agent

Date

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PVPT () Delete
Name: FOWLER, MICHAEL L
Address: 3113 SALTAN AVE.
City-St-Zip: HOLIDAY, FL 34691

Title: SD () Delete
Name: FOWLER, MICHAEL L
Address: 3506 SEFFNER DR
City-St-Zip: HOLIDAY, FL 34691 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PVPT (X) Change () Addition
Name: FOWLER, MICHAEL L
Address: 3113 SALTON ST
City-St-Zip: HOLIDAY, FL 34691

Title: SD (X) Change () Addition
Name: FOWLER, MICHAEL L
Address: 3113 SALTON ST
City-St-Zip: HOLIDAY, FL 34691 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL L. FOWLER

PVPT

07/11/2005

Electronic Signature of Signing Officer or Director

Date