2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2005
Secretary of State

DOCUMENT# P01000105493

Entity Name: CDT TRANSPORTATION, INC.

Current Principal Place of Business:

6001 ARGYLE FOREST BLVD., SUITE 347
JACKSONVILLE, FL 33441

New Principal Place of Business:

6001 ARGYLE FOREST BLVD., SUITE 347
JACKSONVILLE, FL 32244

Current Mailing Address:

6001 ARGYLE FOREST BLVD., SUITE 347
JACKSONVILLE, FL 33441

New Mailing Address:

6001 ARGYLE FOREST BLVD., SUITE 347
JACKSONVILLE, FL 32244

FEI Number: 59-3754889 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HOPPER-ROBINSON, DEBORAH A
6001 ARGYLE FOREST BLVD., SUITE 347
JACKSONVILLE, FL 33441 US

Name and Address of New Registered Agent:

HOPPER-ROBINSON, DEBORAH A
6001 ARGYLE FOREST BLVD., SUITE 347
JACKSONVILLE, FL 32244 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: DEBORAH A. HOPPER-ROBINSON 04/30/2005
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PDC ( ) Delete
Name: ROBINSON, CHARLES C
Address: 6001 ARGYLE FOREST BLVD # 347
City-St-Zip: JACKSONVILLE, FL 32244

Title: VSM ( ) Delete
Name: ROBINSON, DEBORAH H
Address: 7273 LONGHORN CIR N
City-St-Zip: JACKSONVILLE, FL 32244

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: DEBORAH A. HOPPER-ROBINSON VSM 04/30/2005
Electronic Signature of Signing Officer or Director Date