2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED ... DOCUMENT # P01000108306 Apr 28, 2006 08:00 AN Secretary of State GREGG LIFT TRUCK COMPANY Principal Place of Business Mailing Address 6163 MIAMI LAKES DRIVE EAST 6163 MIAMI LAKES DRIVE EAST MIAMI LAKES, FL 33014 MIAMI LAKES, FL 33014 CR2E034 (11/05) 04252006 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3396238 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent GARCIA, EDWARD INC. DO NOT WRITE 6163 MIAMI LAKES DRIVE EAST MIAMI LAKES, FL 33014 IN THIS SPACE 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 ponted name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS TITLE NAME GREGG, ROSS S STREET ADDRESS 6163 MIAMI LAKES DRIVE EAST CITY-ST-ZIP MIAMI LAKES, FL 33014 TITLE UNANDO541632 05/10/06-80065-022 150.00 NAME, STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CHY-SI-ZIP It ILE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CHY-ST-ZIP TITLE NAME STREET ADDRESS

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:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/06

305.823.9252

Daytime Phone #