2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2009
Secretary of State

DOCUMENT# P01000121898

Entity Name: PALMDALE EXPRESS, INC.

Current Principal Place of Business:

118 SOUTH PARROTT AVE
OKEECHOBEE, FL 34974

New Principal Place of Business:

Current Mailing Address:

911 NORTH 2ND AVENUE
FT. PIERCE, FL 34990

New Mailing Address:

FEI Number: 80-0005353 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BEER, JERALD S ESQ
515 N FLAGLER DRIVE
SUITE 1800
WEST PALM BEACH, FL 33401 US

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PRES ( ) Delete
Name: CHEATHAM, LACHLAN
Address: 911 NORTH 2ND STREET
City-St-Zip: FT. PIERCE, FL 34950

Title: VP ( ) Delete
Name: CHEATHAM, KENDALL
Address: 911 NORTH 2ND STREET
City-St-Zip: FT. PIERCE, FL 34950

Title: SEC ( ) Delete
Name: CHEATHAM, MALLORY
Address: 911 NORTH 2ND STREET
City-St-Zip: FT. PIERCE, FL 34950

Title: TRES ( ) Delete
Name: RESKIN, ROBERT A
Address: 911 N. 2ND STREET
City-St-Zip: FT PIERCE, FL 34950

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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 exemption stated 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 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: ROBERT RESKIN TREA 01/23/2009
Electronic Signature of Signing Officer or Director — Date