## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P02000012316

Entity Name: CANAVERAL BULK TERMINAL, INC.

FILED Apr 26, 2006 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
20125 STAT LOXAHATO	ΓΕ RD 80 CHEE, FL 3347	70					
Current Mailing Address:				New Mailing Address:			
6621 WILBANKS ROAD KNOXVILLE, TN 37912							
FEI Number: 51-0431498 FEI Number Applied For ( ) FEI Nu			FEI Num	mber Not Applicable ( ) Certificate of Status Desired ( )			
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
MCCRACKEN, JOHN B 505 SOUTH FLAGLER DR., STE. 1100 WEST PALM BEACH, FL 33401 US				CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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: JENNIFER F. AULTMAN, ASST. SECRETARY				04/26/2006			
Electronic Signature of Registered Agent				Date			
Election Cam	paign Financing	Trust Fund Contribution ( ).					
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	KLEIN, SAM W	Delete Y TRAIL, SUITE NO. 702 L 33496		Title: Name: Address: City-St-Zip:	( )	Change ( ) Addition	
Title: Name: Address: City-St-Zip:	TOMEU, ENRIQU	N BLVD., STE. 300		Title: Name: Address: City-St-Zip:	( )	Change ( ) Addition	
Title: Name: Address: City-St-Zip:	D () I TURNER, BEN R 8940 GALL BLVI ZEPHYRHILLS, I	D.		Title: Name: Address: City-St-Zip:	( )	Change ( ) Addition	
Title: Name: Address: City-St-Zip:	D () I PHILLIPS, W.T. 6621 WILBANKS KNOXVILLE, TN	SR. SRD.		Title: Name: Address: City-St-Zip:	D (X) PHILLIPS, W.T. 22501 SR 52 LAND O'LAKES,		
Title: Name: Address: City-St-Zip:	D () I KLEIN, MICHAEL P.O. BX 626 CORTE MADERA			Title: Name: Address: City-St-Zip:	D (X) KLEIN, MICHAEI PO BOX 626 CORTE MADER		
Title: Name: Address: City-St-Zip:	CFOS ( ) I MCMULLEN, J. F 6621 WILBANKS KNOXVILLE, TN	ROAD		Title: Name: Address: City-St-Zip:	( )	Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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: W.T. PHILLIPS, SR. D 04/26/2006