## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P02000016382

FILED Apr 17, 2007 Secretary of State

Entity Name: AFFORDABLE FREIGHT MANAGEMENT, INC.							
Current Principal Place of Business:				New Principal Place of Business:			
3108 CNETRAL DR. PLANT CITY, FL 33566				3108 CENTRAL DR. PLANT CITY, FL 33566			
Current Mailing Address:				New Mailing Address:			
3108 CNETRAL DR. PLANT CITY, FL 33566				3108 CENTRAL DR. PLANT CITY, FL 33566			
FEI Number:	38-3676572	FEI Number Applied For ( )	FEI Nun	nber Not Appli	cable ( )	Certificate of	f Status Desired ( )
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:							red Agent:
CARREJA, MINDY 101 E KENNEDY BLVD STE 3000 TAMPA, FL 33602 US				CARREJA, MINDY 1227 N FRANKLIN STREET TAMPA, FL 33602 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:				04/17/2007			
Electronic Signature of Registered Agent				Date			
Election Carr	npaign Financin	g Trust Fund Contribution ( ).					
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:				
Title: Name: Address: City-St-Zip:	MURPHY, JOH	ATHERINE CIRCLE		Title: Name: Address: City-St-Zip:	(	) Change ()A	ddition
Title: Name: Address: City-St-Zip:	VD ( PATTERSON, S 3108 CENTRAI PLANT CITY, F	DR.		Title: Name: Address: City-St-Zip:	D (X PATTERSON, S 3108 CENTRAI PLANT CITY, F	L DR.	ddition
Title: Name: Address: City-St-Zip:	D ( PATONNIS, PA 3108 CENTRAI PLANT CITY, F	DR.		Title: Name: Address: City-St-Zip:	VPD (X LAWTON, JER 3108 CENTRAI PLANT CITY, F	L DR.	ddition
Title: Name: Address: City-St-Zip:	TD ( MORNINGSTAI 3108 CENTRAI PLANT CITY, F	DR.		Title: Name: Address: City-St-Zip:	TD (X MORNINGSTAI 3108 CENTRAI PLANT CITY, F	L DR.	ddition
Title:	S (	) Delete		Title:	(	) Change ( ) A	ddition

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.

Name:

Address:

City-St-Zip:

SIGNATURE: JOHN E. MURPHY Ρ 04/17/2007

FULTON, TRACEY A

3108 CENTRAL DR

PLANT CITY, FL 33566

Name:

Address:

City-St-Zip: