2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000057857

Entity Name: DR TRANSPORT, INC.

FILED May 17, 2007 Secretary of State

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Current Principal Place of Business: New Principal Place of Business:

8902 BRELAND DRIVE 15708 INDIAN QUEEN DR TAMPA, FL 33626 ODESSA, FL 33556

Current Mailing Address: New Mailing Address:

8902 BRELAND DRIVE 15708 INDIAN QUEEN DR TAMPA, FL 33626 ODESSA, FL 33556

FEI Number: 03-0454502 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

GUTIERREZ, MANUEL
8902 BRELAND DRIVE
TAMPA, FL 33626 US
GUTIERREZ, MANUEL
15708 INDIAN QUEEN DR
ODESSA, FL 33556 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: MANUEL GUTIERREZ 05/17/2007

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title:

P () Delete Title: P (X) Change () Addition CORREA, FRINETTE Name: CORREA, FRINETTE

 Name:
 CORREA, FRINETTE
 Name:
 CORREA, FRINETTE

 Address:
 8902 BRELAND DR
 Address:
 15708 INDIAN QUEEN DR

 City-St-Zip:
 TAMPA, FL 33626
 City-St-Zip:
 ODESSA, FL 33556

Title: VΡ Title: (X) Change () Addition () Delete GUTIERREZ, MANUEL GUTIERREZ, MANUEL Name: Name: 8902 BRELAND DR Address: 15708 INDIAN QUEEN DR Address: TAMPA, FL 33626 ODESSA, FL 33556 City-St-Zip: 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: FRINETTE CORREA P 05/17/2007