


2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000090087	
1. Entity Name TRANSIT RENTALS OF TLH INC.	

FILED

07 FEB 14 PM 4:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business 2100 AUTUMN LN TALLAHASSEE, FL 32305	Mailing Address 2100 AUTUMN LN TALLAHASSEE, FL 32305
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2. Principal Place of Business - No P.O. Box # <i>2100 AUTUMN LN</i>	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

02142007 Chg-P CR2E034 (12/06)

City & State <i>TLH FL</i>	City & State
Zip <i>32305</i>	Country <i>LEON</i>

4. FEI Number 59-2731919	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MARRONE, FRANK 2100 AUTUMN LANE TALLAHASSEE, FL 32305	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <i>TLH</i> FL Zip Code <i>32305</i>
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	900089284929 02/27/07--01004--022--**150.00
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MARRONE, FRANK 2100 AUTUMN LN TALLAHASSEE, FL 32305 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Pres Frank Marrone</i> <i>2100 AUTUMN LN</i> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MARRONE, JOE A 2100 AUTUMN LN TALLAHASSEE, FL 32305 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>SEC TREASURER</i> <i>Joe A. Marrone</i> <i>2100 AUTUMN LN</i> <i>TLH FL 32305</i> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MARRONE, DAVID U.S. 160 FRONTENAC, KS 66105 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>V. PRES</i> <i>U.S. 160</i> <i>FRONTENAC, KS 66105</i> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Frank Marrone* FRANK MARRONE 2-14-07 850-575-2940
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #