

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED
Jan 19, 2006
Secretary of State**

DOCUMENT# P02000095701

Entity Name: RAVI'S TRUCKING, INC.

Current Principal Place of Business:

2425 PRAIRIE VIEW DRIVE
WINTER GARDEN, FL 34787

New Principal Place of Business:

Current Mailing Address:

2425 PRAIRIE VIEW DRIVE
WINTER GARDEN, FL 34787

New Mailing Address:

FEI Number: 11-3650831 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PERSAUD, RAVI
2425 PRAIRIE VIEW DRIVE
WINTER GARDEN, FL 34787 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

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: PERSAUD, RAVI
Address: 2425 PRAIRIE VIEW DRIVE
City-St-Zip: WINTER GARDEN, FL 34787

Title: S () Delete
Name: PERSAUD, CHITRA
Address: 2425 PRAIRIE VIEW DRIVE
City-St-Zip: WINTER GARDEN, FL 34787

Title: SUP () Delete
Name: FOSTER, DWIGHT A
Address: 550 LAKE CHARLES DRIVE
City-St-Zip: DAVENPORT, FL 33837

Title: D () Delete
Name: FAHIE, RANNOLD D
Address: 2331 CHARLESTON STREET B#: 42 # 3
City-St-Zip: HOLLYWOOD, FL 33020

Title: D () Delete
Name: LETTSOME, PERRY
Address: 3612 TAM DRIVE
City-St-Zip: ORLANDO, FL 32808

Title: () Delete
Name:
Address:
City-St-Zip:

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:

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

Title: SUP () Change (X) Addition
Name: MACIAS, KENNETH S
Address: 724 COUNTRY WOODS CIR
City-St-Zip: KISSIMMEE, FL 34744

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: RAVI PERSAUD

DP

01/19/2006

Electronic Signature of Signing Officer or Director

_____ Date