


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 27, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P02000098537**  
 1. Entity Name  
**OPTIMAL TRANSPORT, INC.**



Principal Place of Business <b>309 CRANES ROOST BOULEVARD          SUITE 2000          ALTAMONTE SPRINGS, FL 32701</b>	Mailing Address <b>309 CRANES ROOST BOULEVARD          SUITE 2000          ALTAMONTE SPRINGS, FL 32701</b>
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03172006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>74-3061279</b>	Applied for Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**LIEBMAN, JOHN B  
 2699 LEE RD., SUITE 320  
 WINTER PARK, FL 32789**

**DO NOT WRITE IN THIS SPACE**

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ENGELMAN, GREGORY P 1829 KALURNA CT. ORLANDO, FL 32806
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FLOYD, JODIE S 128 ROANN DR. OVIDO, FL 32765
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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00000480797  
 04/11/06-20005-018 150.00

**DO NOT WRITE IN THIS SPACE**

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 807, 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: *J. S. Coed* *J. S. Coed* 407-699-9011  
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #