

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 25, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90819 023 \*\*\*150.00

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



66016866

Principal Place of Business      Mailing Address  
 309 CRANES ROOST BOULEVARD      309 CRANES ROOST BOULEVARD  
 SUITE 2000      SUITE 2000  
 ALTAMONTE SPRINGS, FL 32701      ALTAMONTE SPRINGS, FL 32701



2. Principal Place of Business - No P.O. Box #      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

04122007      Chg-P      CR2E034 (12/06)

4. FEI Number      Applied For  
 74-3061279      Not Applicable

5. Certificate of Status Desired      \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

LIEBMAN, JOHN B  
 2699 LEE RD., SUITE 320  
 WINTER PARK, FL 32789

**7. Name and Address of New Registered Agent**

Name: Gregory Engelman  
 Street Address (P.O. Box Number is Not Acceptable): 3675 Ethan Lane  
 City: Orlando      FL      Zip Code: 32814

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: [Signature]      DATE: 4/19/07  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-appointing)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE	PD	<input type="checkbox"/> Delete
NAME	ENGELMAN, GREGORY P	
STREET ADDRESS	1829 KALURNA CT.	
CITY - ST - ZIP	ORLANDO, FL 32806	
TITLE	VD	<input type="checkbox"/> Delete
NAME	FLOYD, JODIE S	
STREET ADDRESS	128 ROANN DR.	
CITY - ST - ZIP	OVIEDO, FL 32765	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	3675 Ethan Lane	
CITY - ST - ZIP	Orlando, FL 32814	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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 reports 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: [Signature]      DATE: 5/18/07  
Signature typed or printed name of signing officer or director      Date      Daytime Phone #