2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 27, 2005 08:00 AM Secretary of State

Proclash Place of Business Mailing Accesses DEAMNESCITY, FL 32753 US ORANGE CITY, FL 32753 US OFFI Analysis of the partners of their place of the partners of their place of the partners of their place	DOCUMENT # P0300010655 1. Entity Name P & B EXPRESS, INC.				Secretary of St	ate	
DO NOT WRITE IN THIS SPACE 4. FEI Number 03-0510488 Appliest for 03-0510488 No Chg.P CREE034 (10/03) 4. FEI Number 03-0510488 Appliest for 03-0510488 No Chg.P CREE034 (10/03) 5. Name and Address of Current Registered Agent BAILARDO, PETER M 260 E. MINNESOTA AVE. ORANGE CITY, FL 32763 DO NOT WRITE IN THIS SPACE 6. The above named enally submits this assement for the purpose of inhanging its registered edition or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent. SIGNATURE 5-200-00-00-00-00-00-00-00-00-00-00-00-00	260 E. MINI	VESOTA AVE.	260 E. MINNESOTA AVE.	IS			
260 E. MINNESOTA AVE. ORANGE CITY, FL 32763 8. The above named entry submits this statement for the purpose of changing its registered eigent, or both, in the State of Ronda. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature Impacts provide name of registered agent and the flagolacide. 1/10/L Registered Agent signature required after interesting) DATE					04252005 No Chg-P CR2E034 (10/03) 4. FEI Number Applie Not A 5. Certificate of Status Desired \$8.75 Addition	ied For Applicable	
the obligations of registered agent. SIGNATURE FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	260 E. MII	NNESOTA AVE.					
After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE PTD BAILLARDO, PETER M 260 E. MINNESOTA AVE. ORANGE CITY, FL 32763 TITLE VP BAILLARDO, SAMUEL M SIRECT ADDRESS ORANGE CITY, FL 32763 TITLE NAME SIRECT ADDRESS ORANGE CITY, FL 32763 TITLE NAME SIRECT ADDRESS ORANGE CITY, FL 32763 TO NOT WRITE INTLE NAME SIRECT ADDRESS ORT ST-2P TITLE NAME SIRECT ADDRESS ORY ST-2P TITLE TITLE TITLE NAME SIRECT ADDRESS ORY ST-2P TITLE TITLE	the obligations of registered agent. SIGNATURE Signature, typed or provide name of registered agent and title of applicable. LINOTE Registered Agent signature required when reinstating) DATE						
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NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). 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 cath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 670. Florida Statutes and that my appearance and report is true and accurate and that my signature shall have the same legal effect as if made under cath, that I am an officer or director.	NAME STREET ADDRESS CITY-ST-ZIP	TENK, BARBARA 258 E. MINNESOTA ĀVE.		į		ĺ	
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SIGNATURE: Leter M. Baila Jos PETER M. BAILARD 4-26-05 SIGNATURE AND TYPED OR PRINTED NAME OF SUNING OFFICER OR DIRECTOR Davis Davis Proces V							