2004 FOR PROFIT CORPORATION ANNUAL REPORT

May 03, 2004 8:00 am Secretary of State DOCUMENT # P03000022146 05-03-2004 90424 005 ***158.75 HEAVY HAULING, INC. Principal Place of Business Mailing Address 12937 REAVES ROAD 12937 REAVES ROAD WINTER GARDEN, FL 34787 WINTER GARDEN, FL 34787 2. Principal Place of Business 3. Mailing Address リスト BRANDY CREEK DR CREEK DR Suite, Apt. #, etc. Suite, Apt. #, etc. 04112004 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For WINTER **LARDEN** 83-0350385 WINTER (TARDEN Not Applicable Country, U.S.A Country \$8.75 Additional 34787 4787 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SINGH, SUNIL 12937 REAVES ROAD Street Address (P.O. Box Number is Not Acceptable) WINTER GARDEN, FL 34787 City Zip Code 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 agent and title if applicable (NOTE: Registered Agent signature required when reinstating) **\$5.00** May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2004 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Delete **Addition** TITLE TITLE Change SHERENE A. MIRANDER SAHADEO, MUKESH P 1124 BRANDY CREEK Dr. WINTER GARDEN, FL 34787 12937 REAVES ROAD STREET ADORESS STREET ADDRESS CITY-ST-ZIP WINTER GARDEN, FL 34787 CITY-ST-ZIP ☐ Addition TITLE ☐ Delete ☐ Change NAME SINGH, SUNIL NAME 12937 REAVES ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIE WINTER GARDEN, FL 34787 CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CiTY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Defete TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 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. SHERENE A. MIRANDER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED