2005 FOR PROFIT CORPORATION

Apr 28, 2005 8:00 am Secretary of State ANNUAL REPORT **DOCUMENT # P03000034443** 04-28-2005 90216 025 ***150.00 1. Entity Name LLOYD'S EXPRESS INCORPORATION Principal Place of Business Mailing Address 1942 SW ERIE ST 1942 SW ERIE ST PORT ST LUCIE, FL 34953 PORT ST LUCIE, FL 34953 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 01182005 Chq-P CR2E034 (10/03) Applied For 4. FEI Number City & State City & State 61-1453459 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WILSON, LLOYD Street Address (P.O. Box Number is Not Acceptable) 1942 SW ERIE ST PORT ST LUCIE, FL 34953 Zip Code City 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE 18 \$150.00 After May 1, 2005 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Defete TITLE ☐ Change TITLE WILSON, LLOYD NAME NAME 1942 SW ERIE ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PORT ST LUCIE, FL 34953 Change Addition TITLE VSTD ☐ Delete IIILE WILSON, DOREEN NAME NAME 1942 SW ERFE ST PORT ST LUCTE, FV 34953 STREET ADDRESS 4940 SW ERIE ST. STREET ADDRESS PORT SAINT LUCIE, FL 34953 CITY-ST-7IP CITY-ST-789 ☐ Delete Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TILE ☐ Delete TITLE Change Addition MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition fill F ☐ Delete TM £ NAME NAME

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. Duree- Wilson

CITY-ST-ZIP

STREET ADORESS

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

☐ Delete

SIGNATURE: SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTO

STREET AODRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

NAME

☐ Change

Addition

FILED