


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2007 08:00 AM
Secretary of State

DOCUMENT # P03000034633 1. Entity Name PRESTERA TRANSPORTATION, INC.		
Principal Place of Business 8340 AMERICAN WY GROVELAND, FL 34736	Mailing Address POB 5000 GROVELAND, FL 34736	



02012007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 54-2106380	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent FULMER, PHILIP R 8000 CHERRY LAKE RD GROVELAND, FL 34736	DO NOT WRITE IN THIS SPACE
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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 _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE U000000717293 04/30/07-80042-012 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FULMER, CARROLL L 11050 AUTUMN LANE CLERMONT, FL 34711	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FULMER, BARBARA B 11050 AUTUMN LANE CLERMONT, FL 34711	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FULMER, TIMOTHY A 13045 SUGAR BLUFF ROAD CLERMONT, FL 34711	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TURNER, CYNTHIA F 12928 LOOKINGBILL LANE ATHENS, AL 35611	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FULMER, PHILIP R 8000 CHERRY LAKE ROAD GROVELAND, FL 34736	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FULMER, CARROLL A 11610 OSPREY POINTE BLVD CLERMONT, FL 34711	

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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #