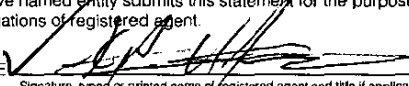


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 05, 2004 8:00 am**  
**Secretary of State**

05-05-2004 90195 048 \*\*\*150.00

DOCUMENT # P03000041277					
1. Entity Name <b>AIKEN BROTHERS TRUCKING INC.</b>					
Principal Place of Business <b>9619 NW 76TH ST. TAMARAC, FL 33321</b>			Mailing Address <b>9619 NW 76TH ST. TAMARAC, FL 33321</b>		
2. Principal Place of Business <b>3601 W. Hillsboro Blvd,</b>		3. Mailing Address <b>3601 W. Hillsboro Blvd.</b>		  04142004    Chg-P    CR2E034 (10/03)	
Suite, Apt. #, etc. <b>G202</b>		Suite, Apt. #, etc. <b>G202</b>			
City & State <b>Coconut Creek, FL</b>		City & State <b>Coconut Creek, FL</b>			
Zip <b>33073</b>		Zip <b>33073</b>			
Country <b>USA</b>		Country <b>USA</b>		4. FEI Number <b>50-0010518</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>AIKEN, KIRK-PATRICK 9619 NW 76TH ST. TAMARAC, FL 33321</b>			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City <b>FL</b> 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:  (NOTE: Registered Agent signature required when reinstating)    DATE					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE <b>P</b>	NAME <b>AIKEN, KIRK-PATRICK</b>		<input type="checkbox"/> Delete		
STREET ADDRESS <b>9619 NW 76TH ST.</b>					
CITY-ST-ZIP <b>TAMARAC, FL 33321</b>					
TITLE <b>D</b>	NAME <b>AIKEN, ETHAN</b>		<input type="checkbox"/> Delete		
STREET ADDRESS <b>9619 NW 76TH ST.</b>					
CITY-ST-ZIP <b>TAMARAC, FL 33321</b>					
TITLE	NAME		<input type="checkbox"/> Delete		
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	NAME		<input type="checkbox"/> Delete		
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STREET ADDRESS					
CITY-ST-ZIP					
TITLE	NAME		<input type="checkbox"/> Delete		
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 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					
					94-834-2718 Daytime Phone #