## 2007 FOR PROFIT CORPORATEN

## **FILED** 0 Ate

| ANNUAL REPORT                                                                                |                                                                                   |                                                                 |                                   | Apr 30, 2007 08:00      |                              |                          |                               |
|----------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------|-----------------------------------|-------------------------|------------------------------|--------------------------|-------------------------------|
| DOCUMENT # P03000044986                                                                      |                                                                                   |                                                                 |                                   | Secretary of Sta        |                              |                          |                               |
| 1. Entity Name BOYDS TRUCKING & SHIPPING SERVICE CORP.                                       |                                                                                   |                                                                 |                                   |                         |                              |                          | v                             |
|                                                                                              |                                                                                   |                                                                 |                                   |                         |                              |                          |                               |
| 17300 NE 1                                                                                   | ST, AVE                                                                           | ABHING Address<br>17300 NE 1ST AVE<br>NORTH MIAMI BEACH, FL 331 | 62 ··· , -                        |                         | . <b>Tổợc</b> hại đầu bằu tr | in Soul 9100 Bloth (8111 | I TUUL URUKEN 11 KOOL         |
|                                                                                              |                                                                                   |                                                                 | · · · · · · · ·                   |                         |                              |                          |                               |
| Г                                                                                            | O NOT WRITE I                                                                     | CE.                                                             | 04262007 No Chg-P CR2E034 (11/05) |                         |                              |                          |                               |
| L                                                                                            |                                                                                   | 11 11 11 O O A                                                  |                                   | 4. FEI Numb<br>58-266   |                              |                          | Applied For<br>Not Applicable |
|                                                                                              |                                                                                   |                                                                 |                                   | 5. Certificate          | of Status Desired            |                          | 5 Additional equired          |
|                                                                                              | 6. Name and Address of Current Regi                                               | stered Agent                                                    |                                   |                         |                              |                          |                               |
| HUTCHINSON, ADAM B<br>17300 NE 1ST AVE<br>NORTH MIAMI BEACH, FL 33162                        |                                                                                   |                                                                 |                                   |                         | NOT W                        |                          |                               |
|                                                                                              | named entity submits this statement for the tions of registered agent.            | purpose of changing its registere                               | ed office or register             | ed agent, or bo         | th, in the State of Fic      | orida. I am familia      | r with, and accept            |
| SIGNATURE.                                                                                   | Signature, typed or printed name of registered agent and talk                     | r applicable (NOTE Registered                                   | d Agent signature required        | When reinstating)       |                              | DATE                     |                               |
| FILE NOWILL FEE IS \$150.00  After May 1, 2007 Fee will be \$550.00  Trust Fund Contribution |                                                                                   |                                                                 |                                   | 00 May Be<br>ed to Fees |                              |                          |                               |
| 10.                                                                                          | OFFICERS AND DIRE                                                                 | CTORS                                                           |                                   |                         |                              |                          |                               |
| NAME STREET ADDRESS CITY-ST-ZIP                                                              | PD<br>  HUTCHINSON, ADAM B<br>  17300 NE 1ST AVE<br>  NORTH MIAMI BEACH, FL 33162 | ·                                                               |                                   |                         |                              |                          |                               |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                                        | ST<br>HUTCHINSON, ADAM B                                                          |                                                                 |                                   | ·                       | U000007<br>05/15/07~8        | 41155<br>0017-020        | 150.00                        |
| NAME STREET ADDRESS CITY+ST-ZIP                                                              |                                                                                   |                                                                 |                                   | DO                      | NOT W                        | RITE                     |                               |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                                        | -                                                                                 |                                                                 |                                   | IN <sup>-</sup>         | THIS SF                      | PACE                     |                               |
| TITLE NAME STREET ADDRESS DITY ST-2IP                                                        |                                                                                   |                                                                 |                                   |                         |                              |                          |                               |
| TITLE<br>NAME<br>STREET ADDRESS                                                              |                                                                                   |                                                                 |                                   | 4                       |                              |                          |                               |

SIGNATURE: ADAM B. HUTCHINSON

12. Thereby certify that the information supplied with this filling does not qualify to 70 inclicated on this report or supplemental report is true and accurate and that must of the corporation or the receiver or trustee empowered to execute the report is to changed, or on an altrachment with an address, with all other like empowered.

CiTY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING O

4/21/01, 305-652-4771

exemptions contained in Chapter (19, Florida Statutes, 1 further certify that the information of stury shall have the same legal effect as if made under oath, that I am an officer or director educed by Chapter 60. Florida Statutes, and that my name appears in Block 10 or Brock 11.3.