2005 FOR PROFIT CORPORATION

CITY-ST-ZIP

SIGNATURE: X

FILED Jul 05, 2005 08:00 AM Secretary of State **ANNUAL REPORT DOCUMENT # P03000056603** 1. Entity Name MAXIM CHARTER BUS COMPANY, INC. Mailing Address Principal Place of Business 14-71 SOUTH EAST PORT ST LUCIES BLVD **57 WEST 38TH STREET** PORT ST LUCIE, FL 34952 FL 12 NEW YORK, NY 10018 06302005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 06-1696486 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent TAM, GORDAN DO NOT WRITE 14-71 SOUTH EAST PORT ST LUCIES BLVD PORT ST LUCIE, FL 34952 IN THIS SPACE 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. Lam familiar with, and accept the obligations of registered agent, printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE !\$ \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees Due by September 7, 2005 10. TITLE TAM, GORDAN NAME 73-41 173TH STREET STREET ADDRESS U00000370246 07/05/05-80009-003 550.00 CITY-ST-ZIP FLUSHING, NY 11366 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filing does not quality 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR