


2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000090725		
1. Entity Name HARRIS TRANSPORTATION GROUP, INC.		

FILED

06 SEP 13 AM 11:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PSA

Principal Place of Business 2029 RANKIN RD. TALLAHASSEE, FL 32310	Mailing Address 2029 RANKIN RD. TALLAHASSEE, FL 32310
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2. Principal Place of Business 3963 Roberts Ave. Suite, Apt. #, etc. Tall., FLA.	3. Mailing Address P.O. Box #5971 Suite, Apt. #, etc.
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09062006 Chg-P CR2E034 (11/05)

City & State Tall., FLA.	City & State Tallahassee, FLA
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4. FEI Number 57-1208741	Applied For Not Applicable
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Zip 32310	Country U.S.A.	Zip 32314	Country U.S.A.
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent HARRIS, JOSEPH 2029 RANKIN RD. TALLAHASSEE, FL 32310	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
Due by September 15, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARRIS, JOSEPH 2323 TRIMBLE RD UNITE TALLAHASSEE, FL 32303 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 700079940597 09/19/06--01017--016 **\$150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOWARD, TIMOTHY 1401-A LAKE BRADFORD RD TALLAHASSEE, FL 32304 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JONES, RODERICK 1401-A LAKE BRADFORD RD TALLAHASSEE, FL 32304 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EATON, SAMUEL 1401-A LAKE BRADFORD RD TALLAHASSEE, FL 32304 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Joseph D. Harris* **Joseph D. Harris** 9/13/06 (850) 491-6132
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #