FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

UNIFU	JKM ROZINE	35 REPURI	(UBK)			
DOCUMENT # P03000091546				FILED		
1. Entity Name						
					<b>05</b> MAY -6	AM 9: 06
Nancy's Trucking Inc.					or over	5.5. A.V
Tenroy of Tradining Inc.					SECRETARY	OF STATE
DO NOT WRITE IN THIS SPACE					TALLAHASSEE	:,FLORIDA
DO NOT WATER THE STREET						
2. Principal Place of Business 3. Mailing Address						
12689 59th Street No.						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE	
City 8 Ct-t-		City 9 State			4. FEI Number Applied For	
City & State		City & State			74-3095964	Applied For Not Applicable
Royal Palm Beah, FL Zip Country		Zip Country				\$8.75 Additional
33411	Country	219	000	,	5. Certificate of Status Desired	Fee Required
				7. Nan	ne and Address of Current R	
	Name					
DO NOT WRITE			Nancy Nelson			
			Street Address (P.O. Box Number is Not Acceptable) 12689 59th Street North			
IN THIS SPACE				2009 39111 31	reet North	
			City			Zip Code
				oyal Palm Be	acri -	- 33411
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.						
State of Florida, i ann 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						
			applicable.	(NOTE: Regist	ered Agent signature required when rein	nstating) DATE
January 1 - May 1 Fee is \$150:00 After May 1, Fee is \$550.00					9. Election Campaign Financing	\$5.00 May Be
Amended UBR is \$61.25					Trust Fund Contribution.	Added to Fees
	e to Florida Departm		11.			
10.	President	ND DIRECTORS	TITUE			
NAME	Nelson, Nancy		NAMI	: 4 : 4 : 4 : 4 : 4 : 4 : 4 : 4 : 4 : 4		
STREET ADDRESS	12689 59th Street North		STRE	ET ADDRESS	3	
CITY-ST-ZIP '	Royal Palm Beach, FL 33411		1070101	ST-ZIP		
TITLE NAME	Vice President 12689 59th Street North Royal Palm Beach, FL 33411		TITLE NAME STREET ADDRESS CHY-ST-ZIP			1 - 1 - 1 - 1 1 - 1 1 - 1 1 -
STREET ADDRESS					700054011 3 05/06/05-0106000	t aucon nn
CITY-ST-ZIP						
TITLE		- <del></del>	_ TITU	200000000000000000000000000000000000000		
NAME STREET ADDRESS			NAM	***************		
CITY-ST-ZIP .			STREET ADDRESS CITY-ST-ZIP		DO NOT	WRITE
TITLE			TITLE		IN THIS	
NAME .			NAM	*:*:*::::::::::::::::::::::::::::::::::		OFAUE
STREET ADDRESS CITY-ST-ZIP			16161647764447	ET ADDRESS ST-ZIP		
TITLE	<del> </del>		TITLE	- and a section of the section of th		
NAME			NAM			
STREET ADDRESS			15111511111111111	ET ADDRESS	3	
CITY-ST-ZIP TITLE			CITY	ST-ZIP		
NAME	1		NAM	* { 4 } 4 } 4 } 4 } 4 } 4 } 4 } 4 }		
STREET ADDRESS	I 100000			ET ADDRESS	<b>3</b>	
CITY-ST-ZIP 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 on an attachment with an address, with all other like empowered.						
SIGNATURE: John Sorvie Nelson 5-3-05 51 791-7396						
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #						