2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 28, 2005 8:00 am Secretary of State

DOCUMENT # P03000101385 1. Entity Name AVALANCHE EXPRESS, INC.						04-28-2005	90155 038 ***150	0.00
Principal Place of Business 100 E SYBELIA AVE STE 205 MAITLAND, FL 32751		Mailing Address 100 E SYBELIA AVE STE 205 MAITLAND, FL 32751					nama ik 1981)	
	lace of Business CR45TAL VIEW E. #, etc.	3. Mailing Address / D & C R 45T Suite, Apt. #, etc.	al Vi	Ew E.	04182005	Chg-P	CR2E034 (10/03)	
City & State		City & State SANFORD	T.		4. FEI Number 30-0203		——	pplied For at Applicable
3277	Country	32773	Country	- 1215		of Status Desired	□ \$8.75 Add	iltional
J2 1 1.	5 SEMINOLE 6. Name and Address of Current	Pegistered Agent		ENDLE	7. Name and	Address of New R		<u> </u>
PIERCEFIELD, DAVID S 100 EAST SYBELIA AVE. MAITLAND, FL 32751				Street Address (P.O. Box Number is Not Acceptable)				
				106 CR45TAL VIEW EAST City SANFORD FL 32773				
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 CRESIA A. DWEN Crusia Q. Julia 4-25-05 Signature, hyped or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE								
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees								
10.	OFFICERS AND	DIRECTORS Delete	11.		ADDITIONS/0	CHANGES TO OFF	ICERS AND DIRECTOR Change	S IN 11
NAME STREET ADDRESS CITY-ST-ZIP	OWEN, ROBERT D II 106 CRYSTAL VIEW EAST SANFORD, FL 32773	Li bade	NAME STREET A CITY-ST-				Grange	
TITLE	AS OWEN, CRESIA A	☐ Delete	TITLE				☐ Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP	106 CRYSTAL VIEW EAST SANFORD, FL 32773		NAME STREET A CITY-ST	i				
TITLE NAME		☐ Delete	title Name				☐ Change	Addition i
STREET ADDRESS CITY-ST-ZIP			STREET A					
TITLE NAME		☐ Delete	TITLE NAME				☐ Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP			STREET A	l l				
TITLE		☐ Delete	TITLE				☐ Change	Addition
NAME STREET ADDRESS			name Street a					
CITY-ST-ZIP		☐ Delete	CITY-ST	- ZIP			☐ Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP			NAME STREET A CITY-ST					
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.								