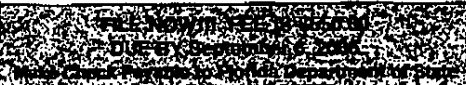


FROM : BOB AND CRIS OWEN

FAX NO. : 4073238125

FILED

Aug. 18, 2006 08:00 AM
Secretary of State**2006 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

DOCUMENT # P03000101385					
1. Entity Name AVALANCHE EXPRESS, INC.					
Principal Place of Business 106 CRYSTAL VIEW E SANFORD FL 32773			Mailing Address 106 CRYSTAL VIEW E SANFORD FL 32773		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
				Country	
4. FEI Number 30-0203008				Applied For ☒ Not Applicable	
5. Certificate of Status Desired ☒				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent OWEN, CRESIA A 106 CRYSTAL VIEW EAST SANFORD FL 32773				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
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 _____ DATE _____ Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when registering)					
			S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☐		
9. Election Campaign Financing Trust Fund Contribution. ☐			\$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	OWEN, ROBERT D II		NAME		
STREET ADDRESS	106 CRYSTAL VIEW EAST		STREET ADDRESS		
CITY - ST - ZIP	SANFORD FL 32773		CITY - ST - ZIP		
TITLE	AS	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	OWEN, CRESIA A		NAME		
STREET ADDRESS	106 CRYSTAL VIEW EAST		STREET ADDRESS		
CITY - ST - ZIP	SANFORD FL 32773		CITY - ST - ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
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: <u>Robert D. Owen Jr.</u> - President			08-14-06 817-565-5051		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		