2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000108303

OSQUIST, DWIGHT R

MARIANNA, FL 32448

2509 HIGHWAY 73 SOUTH

Name:

Address:

City-St-Zip:

FILED Apr 22, 2005 Secretary of State

Entity Name: BULLET EXPRESS, INC. **Current Principal Place of Business: New Principal Place of Business:** 1909 STADSKLEV ROAD MARIANNA, FL 32448 **Current Mailing Address: New Mailing Address:** 1909 STADSKLEV ROAD MARIANNA, FL 32448 FEI Number: 20-0269016 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: RYNNE, ELIZABETH R 1909 STADSKLEV ROAD MARIANNA, FL 32448 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition POWELL, RACHEL L POWELL, RACHEL L Name: Name: 2509 HIGHWAY 73 SOUTH 1909 STADSKLEV ROAD Address: Address: City-St-Zip: MARIANNA, FL 32448 City-St-Zip: MARIANNA, FL 32448 Title: Title: (X) Change () Addition () Delete Name: RYNNE, ELIZABETH R Name: RYNNE, ELIZABETH R 2509 HIGHWAY 73 SOUTH 1909 STADSKLEV ROAD Address: Address: MARIANNA, FL 32448 MARIANNA, FL 32448 City-St-Zip: City-St-Zip: Title: Title: (X) Delete () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: ELIZABETH R. RYNNE С 04/22/2005