2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

May 02, 2006 8:00 am Secretary of State DOCUMENT # P03000109865 05-02-2006 90218 008 ***158.75 M AND J TRUCKING SERVICES INC. Principal Place of Business Mailing Address 6248 MISSON DR ORLANDO FL 32810 6248 MISSON DR ORLANDO FL 32810 2. Principal Place of Business 3. Mailing Address 10251 LAXTON STREET LAXTON STREET 10251 Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) FLORIDA PLANDO, FLORIDA ORL ANDO City & State 32824 City & State 4. FEI Number Applied For 32824 U.S.A. 20-0283177 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SANKAR, DHANIRAM SANKAR, DHANIRAM Street Address (P.O. Box Number is Not Acceptable) CHANGING 6248 MIŚSON DR ORLANDO FL 32810 ADDRESS ONLY 10251 LAXTON STREET City ORLANDO 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. -22-06 DHANIRAM PRESIDENT SANKAR SIGNATURE ted name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change ☐ Addition SANKAR , DHANIRAM NAME SANKAR, DHANIRAM NAME 10251 LAXTON STREET STREET ADDRESS 6248 MISSON DR STREET ADDRESS ORLANDO FL 32824 CITY-ST-7(P ORLANDO FL 32810 CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CDY-ST-ZIP CITY-S1-ZIP TITLE Detete TITLE Change Addition 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 ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-7IP ☐ 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 Section 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. (PRESIDE NT)

DHANIRAM

SIGNATURE:

SANKAR

FILED

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