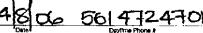
2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 12, 2006 08:00 AM Secretary of State DOCUMENT # P03000111772 1. Entity Name GOPEE'S TRUCKING INC. Mailing Address Principal Place of Business 11417 46 PLACE NORTH 11417 46 PLACE NORTH WEST PALM BEACH, FL 33411 WEST PALM BEACH, FL 33411 01072006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 01-0800163 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent GOPEE, RAMRAJ DO NOT WRITE 11417 46 PLACE NORTH WEST PALM BEACH, FL 33411 IN THIS SPACE 5. 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 Signature, typed or printed name of registered agent and Pile 9 applicable. (NOTE: Registered Agent signature required when reinstating) 2740 H000000502**9**01 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees 04/26/06-80010-015 150.00 OFFICERS AND DIRECTORS 10. PSTD TILE GOPEE, RAMRAJ NAME STREET ADDRESS **11417 48 PLACE NORTH** CITY-ST-70 WEST PALM BEACH, FL 33411 IME GOPEE, OMAWATIE MAKE STREET ADDRESS 11417 46 PLACE NORTH CITY-ST-70 WEST PALM BEACH, FL 33411 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-SI-MP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

12. Thereby certify that the information supplied with this filling 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 reg synature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report of required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP



FILED