2005 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 30, 2005 08:00 AM Secretary of State **DOCUMENT # P03000119302** 1. Entity Name FOX EXPRESS TRUCKING, INC. Principal Place of Business Mailing Address 5803 N.W. BECKHAM COURT 5803 N.W. BECKHAM COURT PORT ST. LUCIE, FL 34986 PORT ST. LUCIE, FL 34986 - 1 CR2E034 (10/03) 04262005 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 68-0572672 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE STANLEY, NIAJA 5803 N.W. BECKHAM COURT PORT ST. LUCIE, FL 34986 IN THIS SPACE 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 Signature, typed or printed name of registered agent and title if applicable NOTE Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 U00000346774 Trust Fund Contribution. Added to Fees 30705-80090-005 10, OFFICERS AND DIRECTORS PD TITLE STANLEY, NIAJA NAME. 5803 N.W. BECKHAM COURT STREET ADDRESS PORT ST. LUCIE, FL 34986 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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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 of the receiver of 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:

SIGNATURE:

SIGNATURE AND TYPED OR PHYTED NAME OF SIGNING OFFICER OR DIRECTOR

CITY-ST-ZIP