2006 FOR PROFIT CORPORATION

May 01, 2006 08:00 A **ANNUAL REPORT Secretary of State** DOCUMENT # P03000123844 1. Entity Name DONALD KING TRUCKING INC. Principal Place of Business Mailing Address 10631 BRAVE LANE 10631 BRAVE LANE HUDSON, FL 34667 HUDSON, FL 34667 04262006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-0380295 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent KING, DONALD DO NOT WRITE 10631 BRAVE LANE HUDSON, FL 34667 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. DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. PSD TITLE KING, DONALD NAME STREET ADDRESS 10631 BRAVE LANE U000000545517 CITY-ST-ZIP HUDSON, FL 34667 05/11/06-80079-023 150.00 TITLE VTD PIXTON, SUSAN D NAME STREET ADDRESS 10631 BRAVE LANE CITY ST-21P HUDSON, FL 34667 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

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: X

NAME STREET ADDRESS CITY - ST - ZIP

OFFICER OR DIRECTOR

FILED