2004 FOR PROFIT CORPORATION

ANNUAL REPORT



FILED Apr 29, 2004 8:00 am Secretary of State

DOCUMENT # P03000125700 1. Entity Name LIGHTNING TRANSPORTATION SOLUTIONS, INC.						04-29-2004 90233 050 ***150.00				
Principal Place of Business 501 N. ORLANDO AVE., #313, PMB 253 WINTER PARK, FL 32789 US Mailing Address 501 N. ORLANDO AVE., #3 WINTER PARK, FL 32789					PMB 253 IS			ሀ/፲/		
2. Principal Place of Business			3. Mailing Address							
Suite, Apt. #, etc.		S	Suite, Apt. #, etc.			01062004	Chg-P	CR2E0	34 (10/03)	
City & State		C	City & State			4 FEI Numbe)SISS	<u> </u>		plied For
Zip	Country	Z	îp	Coun	try	5. Certificate of	of Status Desired		\$8.75 Add Fee Required	
	6. Name and Address of Cu	ırrent Regist	ered Agent			7. Name and	Address of New R	egistered /	Agent	
					Name					
CALDWELL, ANGELA L 501 N. ORLANDO AVE., #313, PMB 253 WINTER PARK, FL 32789					Street Addres	ss (P.O. Box Numbe	r is Not Acceptable	e)		
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·					City	FL Zip Code				
the obligati	named entity submits this staten ions of registered agent.					.	n, in the State of Flo		familiar with, i	and accept
	Signature, typed or printed name of registere	ed agent and title if	applicable (MOT)	. D	d Agent signature requ	frontestana comunications		DATE		
			врркави. (чет	:: недікага	O Agent alghature 1940	used wiseri resistating)		DATE		
FILI	E NOW!!! FEE IS \$150.0 ay 1, 2004 Fee will be \$	00	9. Election Campai Trust Fund Cont	gn Finar	ncing _ \$	\$5.00 May Be Added to Fees		DATE		
FILI	E NOW!!! FEE IS \$150.0 ay 1, 2004 Fee will be \$	00	9. Election Campai Trust Fund Cont	gn Finar	ncing _ \$	\$5.00 May Be Added to Fees	CHANGES TO OFF) DIRECTORS	5 IN 11
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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 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