2006 FOR PROFIT CORPORATION

FILED ANNUAL REPORT Jan 31, 2006 08:00 AN **DOCUMENT # P03000144670 Secretary of State** RENWICK'S TRUCKING, INC. Mailing Address Principal Place of Business 16676 SE 49TH STREET ROAD 16676 SE 49TH STREET ROAD OCKLAWAHA, FL 32179 OCKLAWAHA, FL 32179 US 01142006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number Not Applicable 61-1460740 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent RENWICK, RANDY L DO NOT WRITE 16676 SE 49TH STREET ROAD OCKLAWAHA, FL 32179 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. (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable U000004**0876**2 02/08/06-80074-003 150.00 Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE 18 \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE RENWICK, RANDY L 16676 SE 49TH STREET ROAD STREET ADDRESS CITY-ST-ZIP OCKLAWAHA, FL 32179 NAME STREET ADDRESS CITY-ST-7IP TITLE HAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITE NAME

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 inclicated 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 repeiver 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 all other like empowered.

SIGNATURE:

STREET ADDRESS CITY-ST-7IP

SIGNATURE AN

am

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date