2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000033856

Entity Name: HAMMERDOWN TRUCKING INC.

FILED May 03, 2006 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
2552 SPRING LAKE ROAD JACKSONVILLE, FL 32210				5699 WEST PLUM HOLLOW DRIVE JACKSONVILLE, FL 32222			
Current Mailing Address:				New Mailing Address:			
2552 SPRING LAKE ROAD JACKSONVILLE, FL 32210				5699 WEST PLUM HOLLOW DRIVE JACKSONVILLE, FL 32222			
FEI Number	: 68-0579194	FEI Number Applied For()	FEI Nun	nber Not Appl	icable ()	Certificate of Status	Desired (X)
Name and	d Address of C	Surrent Registered Agent:		Name and	Address of I	New Registered Ag	ent:
DEL CARMEN, ARICA 2552 SPRING LAKE ROAD JACKSONVILLE, FL 32210 US				DEL CARMEN, ARICA 5699 WEST PLUM HOLLOW DRIVE JACKSONVILLE, FL 32222 US			
	e named entity : e of Florida.	submits this statement for the p	ourpose o	f changing i	ts registered o	office or registered a	gent, or both,
SIGNATURE:				05/03/2006			
	Electror	ic Signature of Registered Age	ent			Date	
Election Campaign Financing Trust Fund Contribution (). OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	DP () BRIDES, ELGIN 2552 SPRING I JACKSONVILLI	AKE ROAD		Title: Name: Address: City-St-Zip:	BRIDES, ELGI	LUM HOLLOW DRIVE	
Title: Name: Address: City-St-Zip:	DV () DEL CARMEN, 2552 SPRING I JACKSONVILLI	AKE ROAD		Title: Name: Address: City-St-Zip:	DEL CARMEN	LUM HOLLOW DRIVE	
Title: Name: Address: City-St-Zip:	DS () JACKSON, LAV 825 NW 84TH : MIAMI, FL 331	ST		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	T () DEL CARMEN, 2552 SPRING I JACKSONVILLI	AKE ROAD		Title: Name: Address: City-St-Zip:	DEL CARMEN	LUM HOLLOW DRIVE	
Title: Name: Address: City-St-Zip:	M () BRIDGES, ELG 2552 SPRING I JACKSONVILLI	AKE ROAD		Title: Name: Address: City-St-Zip:	BRIDGES, ELG	LUM HOLLOW DRIVE	
Title: Name: Address:	C () DEL CARMEN, 2552 SPRING I	AKE ROAD		Title: Name: Address:	DEL CARMEN	LUM HOLLOW DRIVE	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ARICA DEL CARMEN DV 05/03/2006