2005 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 26, 2005 8:00 am Secretary of State DOCUMENT # P04000066755 04-26-2005 90133 014 ***150.00 1. Entity Name HR & SONS TRANSPORT, INC. Principal Place of Business Mailing Address 1043 BYERLY WAY 1043 BYERLY WAY ORLANDO, FL 32818 ORLANDO, FL 32818 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc 04122005 CR2E034 (10/03) Chq-P Applied For City & State City & State 4. FEI Numbe -103 Not Applicable Zip Country Zin Country \$8.75 Additional Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HARIDIN, HARRIDIAL Street Address (P.O. Box Number is Not Acceptable) 1043 BYERLY WAY ORLANDO, FL 32818 Zip Code 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, Signatura, typed or printed manie of registered agent and title if aupticable (NOTE: Registered Agent signature required when remutating) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. TITLE Delete TITLE Change ☐ Addition HARIDIN, HARRIDIAL NAME NAME 1043 BYERLY WAY STREET ADDRESS STREET ADDRESS DITY-ST-70 ORLANDO, FL 32818 C07-S1-7IP Delete ☐ Change Addition TITLE TITLE HARIDIN, SASENARINE NAME MAME 1043 BYERLY WAY STREET ALXORESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP ORLANDO, FL 32818 ☐ Delete ☐ Change ☐ Addition HARIDIN, RADHIKA NAME NAME 1043 BYERLY WAY STREET ADDRESS STREET ADDRESS City-St-7IP ORLANDO, FL 32818 City-ST-ZIP ☐ Dalete TITLE Change Addition 1IILE NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CHY-ST-ZIP Addition fitti-☐ Delete IIILE Change NAME NAME STREET ADEMESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME

12. Thereby certify that the information supplied with this filling 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 it 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 it changed, or on an attachment with an address, with an other like empowered.

RINTED NAME OF SIGNING OFFICER OR DIRECTOR

STREET ADDRESS City-ST-ZIP

SIGNATURE:

STREET ADDRESS

FILED