# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 24, 2006**
**Secretary of State**

DOCUMENT# P04000076975

**Entity Name:** STEADFAST TRANSPORT, INC.

**Current Principal Place of Business:**

12063 CITRUS FALLS CIRCLE
#101
TAMPA, FL 33625

**New Principal Place of Business:**

1516 OAK FOREST DRIVE
ORMOND BEACH, FL 32174 US

**Current Mailing Address:**

PO BOX 21162
TAMPA, FL 336221162

**New Mailing Address:**

1516 OAK FOREST DRIVE
ORMOND BEACH, FL 32174 US

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PAULSEN, ALEXANDRA M
12063 CITRUS FALLS CIRCLE
#101
TAMPA, FL 33625 US

**Name and Address of New Registered Agent:**

PAULSEN, ALEXANDRA M
1516 OAK FOREST DRIVE
ORMOND BEACH, FL 32174 US

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.

SIGNATURE: _____ 04/24/2006
Electronic Signature of Registered Agent — Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete
Name: PAULSEN, ROBERT W
Address: 12063 CITRUS FALLS CIRCLE #101
City-St-Zip: TAMPA, FL 33625

Title: V ( ) Delete
Name: PAULSEN, MARIA L
Address: 12063 CITRUS FALLS CIRCLE #101
City-St-Zip: TAMPA, FL 33625

Title: ST ( ) Delete
Name: PAULSEN, ALEXANDRA M
Address: 12063 CITRUS FALLS CIRCLE #101
City-St-Zip: TAMPA, FL 33625

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition
Name: PAULSEN, ROBERT W
Address: 1516 OAK FOREST DRIVE
City-St-Zip: ORMOND BEACH, FL 32174 US

Title: V (X) Change ( ) Addition
Name: PAULSEN, MARIA L
Address: 1516 OAK FOREST DRIVE
City-St-Zip: ORMOND BEACH, FL 32174 US

Title: ST (X) Change ( ) Addition
Name: PAULSEN, ALEXANDRA M
Address: 1516 OAK FOREST DRIVE
City-St-Zip: ORMOND BEACH, FL 32174 US

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: ROBERT W. PAULSEN P 04/24/2006
Electronic Signature of Signing Officer or Director — Date