

2005 FOR PROFIT CORPORATION ANNUAL REPORT


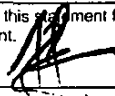
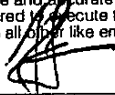
FILED
Feb 17, 2005 8:00 am
Secretary of State

02-17-2005 90018 022 ***150.00

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01042005 Chg-P CR2E034 (10/03)

DOCUMENT # P04000081312					
1. Entity Name OVERNIGHT AIR EXPRESS OF SOUTH FLORIDA, INC.					
Principal Place of Business 11418 MUIRFIELD TRACE FISHERS, IN 46038			Mailing Address 11418 MUIRFIELD TRACE FISHERS, IN 46038		
2. Principal Place of Business 21301 Powerline Road		3. Mailing Address 2501 Cedar Springs Road			
Suite, Apt. #, etc. Suite 305		Suite, Apt. #, etc. Suite 450			
City & State Boca Raton, FL		City & State Dallas, TX			
Zip 33433	Country USA	Zip 75201	Country USA	4. FEI Number 20-1268767	
				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND PLANTATION, FL 33324			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City FL 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.					
SIGNATURE  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P,D JUDSON, JOSEPH C/O SD&S, 50 S. MERIDIAN ST., STE. 700 INDIANAPOLIS, IN 46204 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	President, Secretary & Dir. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Joseph Judson 2501 Cedar Springs Rd., Suite 450 Dallas, TX 75201	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S,D REED, DAVID K 11418 MUIRFIELD TRACE FISHERS, IN 46038 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: 			Date 01/26/05 Daytime Phone # (317) 590-5789		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					