


2006 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
May 01, 2006 08:00-AM
Secretary of State

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|---|---|
| DOCUMENT # P04000088912 1. Entry Name CMB TRUCKING SERVICES, INC. |  |
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| Principal Place of Business 7288 BALBOA DRIVE ORLANDO, FL 32818 | Mailing Address 7288 BALBOA DRIVE ORLANDO, FL 32818 |
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04042006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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| 4. FEI Number 55-0870050 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent BURRELL, CARL M 6612 S.W. 33RD STREET MIRAMAR, FL 33023 |
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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 _____

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P BURRELL, CARL M 7288 BALBOA DRIVE ORLANDO, FL 32818 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP BURRELL, MARIE 7288 BALBOA DRIVE ORLANDO, FL 32818 |
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05/13/06-80094-017 150.00

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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 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: D. Carl Burrell Date 4/26/06 Daytime Phone 954-448-4847

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR