2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000090997 FILED 1. Entity Name Q V D TRUCKING INC. 07 SEP 18 AM 9: 17 DEUNCIART DE STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 6205 SE 46TH AVENUE ROAD 6205 SE 46TH AVENUE ROAD OCALA, FL 34480 US OCALA, FL 34480 US CR2E034 (11/05) 09132007 No Chg-P DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 20-1235530 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent STANDRIDGE, ERNEST K DO NOT WRITE 6205 SE 46TH AVENUE ROAD OCALA, FL 34480 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Due by September 14, 2007 Added to Fees corporation did not receive the prior notice. 10. OFFICERS AND DIRECTORS TITLE P D STANDRIDGE, ERNEST K NAME 6205 SE 46TH AVENUE ROAD STREET ADDRESS CITY-ST-ZIP OCALA, FL 34480 VP D TITLE STANDRIDGE, ELAINE V NAME 100109550361 09/18/07--01015--009 **150.00 STREET ADDRESS 6205 SE 46TH AVENUE ROAD OCALA, FL 34480 CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE 7ITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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 charged, or on an attachment with an address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

Etnish K Standy Lye
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OPDIRECTOR

9-13-2007

Daytime Phone #