


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 02, 2005 8:00 am
Secretary of State

03-02-2005 90093 025 ***158.75

DOCUMENT # P04000106543	
1. Entity Name SUPREME TRUCKING, INC.	

Principal Place of Business 285 NE 185TH ST - BAY 22 N MIAMI BEACH FL 33179	Mailing Address 285 NE 185TH ST - BAY 22 N MIAMI BEACH FL 33179
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2. Principal Place of Business 285 NE 185th Street	3. Mailing Address 285 NE 185th Street
Suite, Apt. #, etc. Bay #15	Suite, Apt. #, etc. Bay #15
City & State Miami Florida	City & State Miami Florida
Zip 33179	Country USA



1st MOORE CR2E034 (10/04)

4. FEI Number 56-2467597	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KINCAID, KEN 285 NE 185TH ST - BAY 22 N MIAMI BEACH FL 33179	
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 *Herbert Williamson* DATE 2/24/05
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	<input type="checkbox"/> Delete	TITLE P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME KINCAID, KEN		NAME KINCAID, KEN	
STREET ADDRESS 285 NE 185TH ST - BAY 22		STREET ADDRESS 285 NE 185TH ST - BAY 22	
CITY-ST-ZIP N MIAMI BEACH FL 33179		CITY-ST-ZIP N MIAMI BEACH FL 33179	
TITLE VP	<input type="checkbox"/> Delete	TITLE VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WILLIAMSON, HERBERT		NAME WILLIAMSON, HERBERT	
STREET ADDRESS 285 NE 185TH ST - BAY 22		STREET ADDRESS 285 NE 185TH ST - BAY 22	
CITY-ST-ZIP N MIAMI BEACH FL 33179		CITY-ST-ZIP N MIAMI BEACH FL 33179	
TITLE S	<input type="checkbox"/> Delete	TITLE S	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DRANE, JOHN		NAME DRANE, JOHN	
STREET ADDRESS 285 NE 185TH ST - BAY 22		STREET ADDRESS 285 NE 185TH ST - BAY 22	
CITY-ST-ZIP N MIAMI BEACH FL 33179		CITY-ST-ZIP N MIAMI BEACH FL 33179	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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 *Herbert Williamson* DATE 2/24/05 DAYTIME PHONE # 305-653-7033
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR