2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006
Secretary of State

DOCUMENT# P04000114229

Entity Name: RPM TRUCKING SERVICES, INC

Current Principal Place of Business:

6945 LONG NEEDLE CT.
ORLANDO, FL 32822

New Principal Place of Business:

5736 VISTA LINDA DR
ORLANDO, FL 32822

Current Mailing Address:

6945 LONG NEEDLE CT.
ORLANDO, FL 32822

New Mailing Address:

5736 VISTA LINDA DR
ORLANDO, FL 32822

FEI Number: 20-1452090 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ORTIZ, BETZAIDA
6945 LONG NEEDLE CT.
ORLANDO, FL 32822 US

Name and Address of New Registered Agent:

ORTIZ, BETZAIDA
5736 VISTA LINDA DR
ORLANDO, FL 32822 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: BETSAIDA ORTIZ 05/01/2006
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: ORTIZ, BETZAIDA
Address: 6945 LONG NEEDLE CT.
City-St-Zip: ORLANDO, FL 32822

Title: VP ( ) Delete
Name: PADRO, RICHARD
Address: 6945 LOMG NEEDLE CT.
City-St-Zip: ORLANDO, FL 32822

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: ORTIZ, BETZAIDA
Address: 5736 VISTA LINDA DR
City-St-Zip: ORLANDO, FL 32822

Title: VP (X) Change ( ) Addition
Name: PADRO, RICHARD
Address: 5736 VISTA LINDA DR
City-St-Zip: ORLANDO, FL 32822

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: BETSAIDA ORTIZ P 05/01/2006
Electronic Signature of Signing Officer or Director Date