


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90360 042 \*\*\*150.00

|   |   |
|---|---|
| <b>DOCUMENT # P04000118569</b>                            |  |
| 1. Entity Name<br><b>ARMORED TRANSPORT ALLIANCE, INC.</b> |   |

|   |   |
|---|---|
| Principal Place of Business<br><b>501 E KENNEDY BLVD SUITE 1200<br/>TAMPA, FL 33602</b> | Mailing Address<br><b>501 E KENNEDY BLVD SUITE 1200<br/>TAMPA, FL 33602</b> |
|---|---|

40073733



|  |  |
|--|--|
| 2. Principal Place of Business<br><b>ONE TAMPA CITY CENTER</b> | 3. Mailing Address<br><b>ONE TAMPA CITY CENTER</b> |
| Suite, Apt. #, etc.<br><b>SUITE 1825</b>                       | Suite, Apt. #, etc.<br><b>SUITE 1825</b>           |

04242006 Chg-P CR2E034 (11/05)

|                                  |                                  |
|----------------------------------|----------------------------------|
| City & State<br><b>TAMPA, FL</b> | City & State<br><b>TAMPA, FL</b> |
|----------------------------------|----------------------------------|

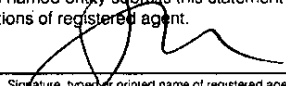
|                                    |  |
|------------------------------------|--|
| 4. FEI Number<br><b>20-1683006</b> | Applied For<br><input type="checkbox"/> Not Applicable |
|------------------------------------|--|

|                     |                       |                     |                       |
|---------------------|-----------------------|---------------------|-----------------------|
| Zip<br><b>33602</b> | Country<br><b>USA</b> | Zip<br><b>33602</b> | Country<br><b>USA</b> |
|---------------------|-----------------------|---------------------|-----------------------|

|   |                                       |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required |
|---|---------------------------------------|

|   |  |  |  |
|---|--|--|--|
| 6. Name and Address of Current Registered Agent<br><b>CUSACK, JAMES J<br/>501 E KENNEDY BLVD SUITE 1200<br/>TAMPA, FL 33602</b> |  | 7. Name and Address of New Registered Agent<br>Name<br><b>CUSACK, JAMES</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>ONE TAMPA CITY CENTER<br/>SUITE 1825</b><br>City<br><b>TAMPA</b> FL Zip Code<br><b>33602</b> |  |
|---|--|--|--|

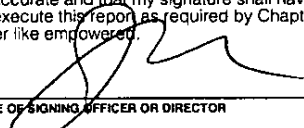
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

|   |  |
|---|--|
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2006 Fee will be \$550.00</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees |
|---|--|

| 10. OFFICERS AND DIRECTORS                         |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|--|---|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | DPST<br>CUSACK, JAMES J<br>501 E KENNEDY BLVD SUITE 1200<br>TAMPA, FL 33602 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | DPST<br>CUSACK, JAMES J.<br>ONE TAMPA CITY CENTER, SUITE 1825<br>TAMPA, FL 33602 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>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 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:**  **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_