FILED
May 01, 2006 8:00 am
Secretary of State
05-01-2006 90401 005 ***150.00

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000120792

1. Entity Name
THUNDER TRANSPORT, INC

40075772

Principal Place of Business	Mailing Address
9706 SOUTH BELFORT CIRCLE TAMARAC, FL 33321	9706 SOUTH BELFORT CIRCLE TAMARAC, FL 33321 US

04112006 Chg-P CR2E034 (11/05)

2. Principal Place of Business		3. Mailing Address	
1732 S. Congress Ave		1732 S. Congress Ave	
Suite, Apt. #, etc. Box 290		Suite, Apt. #, etc. Box 290	
City & State Palm Springs Fl.		City & State Palm Springs Fl	
Zip 33461	Country US	Zip 33461	Country US

4. FEI Number 20-1826867 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
LEMBERG, JAY
9706 SOUTH BELFORT CIRCLE
TAMARAC, FL 33321

7. Name and Address of New Registered Agent
Name Jay Lemberg
Street Address (P.O. Box Number Is Not Acceptable) 1732 S. Congress Ave
Box 290
City Palm Springs FL Zip Code 33461

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 Jay Lemberg 4/27/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P LEMBERG, JAY 9706 SOUTH BELFORT CIRCLE TAMARAC, FL 33321	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Jay Lemberg 100% Ownership ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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: Jay Lemberg 561966-1199 4/27/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #