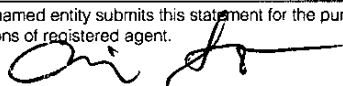
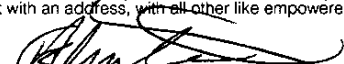


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90219 006 ***150.00

DOCUMENT # P04000142438 1. Entity Name A-1 UNLOADING SERVICES, INC.					
Principal Place of Business 411 SKY VALLEY STREET CLERMONT, FL 34711			Mailing Address 411 SKY VALLEY STREET CLERMONT, FL 34711		
2. Principal Place of Business 21046 N. County Rd. 33 Suite, Apt. #, etc.		3. Mailing Address 21046 N. County Rd. 33 Suite, Apt. #, etc.			
City & State Groveland, FL Zip 34736 Country USA		City & State Groveland, FL Zip 34736 Country USA		4. FEI Number 06-1733811	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent MIN H. SO LAW FIRM, P.A. 5401 S. KIRKMAN ROAD SUITE 310 ORLANDO, FL 32819			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  DATE 4/25/06 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, 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 GLINTON, ANTHONY 411 SKY VALLEY STREET CLERMONT, FL 34711	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Glinton, Anthony 21046 N. County Rd. 33 Groveland, FL 34736
☐ Change ☐ Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GLINTON, LAVERNE 411 SKY VALLEY STREET CLERMONT, FL 34711	☐ Delete	
☐ Change ☐ Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSTD Glinton, Laverne 21046 N. County Rd. 33 Groveland, FL 34736	☐ Delete	
☐ Change ☐ Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
☐ Change ☐ Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
☐ Change ☐ Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	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: 			4-25-06 352-396-7678 Date Daytime Phone #		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					