FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

FILED May 03, 2007 8:00 am Secretary of State

DOCUMENT # POY 000 144669					05-03-2007 90046 042 ***150.00				
A H A Transport, Inc.									
DO N	OT WRIT	'E IN THIS S	PA	CE					
2. Principal Place of Business		3. Mailing Address			40103168				
2311 Rogers Rd. Suite, Apt. #, etc.		123 Maple Ave. Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE					
City & State		City & State		4. FEI Number Applied For					
Lakeland, FL			Belford, NJ		59-3786699 Not Applicable				
Zip 33813-3139	Country	Zip 07718-1221	USA	ountry	5. Certificate of Status Desired \$8.75 Addition Fee Required				
				7. Nan	me and Address of Current Registered Agent				
				Name Debora C. Ref	no.				
	OO NOT I	NRITE			rrier Iress (P.O. Box Number is Not Acceptable)				
IN THIS SPACE			2311 Rogers						
				City Lakeland	FL	Zip Code 33813			
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.	am familiar with, a	nd accept the obligations	of regi	istered agent.					
SIGNATURE	ire typed or printed nam	ne of registered agent and title if	annlicable	. (NOTE: Regist	lered Agent signature required when reinstatin	g) DATE			
∠ January 1	 May 1 Fee is \$1 	50.00	<u>- Бриговои</u>	o. (No 12, Nogio		-			
After May 1, Fee is \$550.00 Amended UBR is \$61.25					S. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be			
Make Check Payable			11.						
TITLE	PD OFFICERS	AND DIRECTORS		TLE SECTION OF THE SE					
NAME	Steven Shuster		1 1 1 1 1 1 1 1 1 1 1 1	AME					
STREET ADDRESS	2841 Gloria Ave. Sanger, CA 9365	. 7	-5-5-5-6-6-	FREET ADDRESS TY-ST-ZIP	5				
CITY-ST-ZIP	VD)		11-31-21F					
NAME	Lance McClellan			4ME					
STREET ADDRESS	4796 Malvern	-7	100000000000000000000000000000000000000	REET ADDRESS	3				
CITY-ST-ZIP TITLE	Sanger, CA 9365	0/		TY-ST-ZIP TLE					
NAME	Debora C. Reher			AME					
STREET ADDRESS	123 Maple Ave.		100000000000000000000000000000000000000	TREET ADDRESS	DO NOT W	DITE			
CITY-ST-ZIP	Belford, NJ 0771	8-1221	77.77.77	TY-ST-ZIP					
TITLE NAME				TLE AME	IN THIS SF	PACE			
STREET ADDRESS				TREET ADDRESS					
CITY-ST-ZIP			CI	TY-ST-ZIP					
TITLE				TLE					
NAME STREET ADDRESS			1011111111	AME FREET ADDRESS	9				
CITY-ST-ZIP				TY-ST-ZIP					
TITLE .				TLΕ					
NAME STREET ADDRESS			12.531.532.53	AMÉ FDEET ANNOESS					
CITY-ST-ZIP			1 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	TREET ADDRESS TY-ST-ZIP	9				
12. I hereby certify that			ualify fo	or the exemption s	stated in Section 119.07(3)(i), Florida St				
1 -			•		and that my signature shall have the sa				

Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

IGNATURE:	Muse G. Beker	Debora C. Reher, Secretary	4/17/2007	732-749-2255
	SIGNATURE AND TYPED OR PR	RINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #