

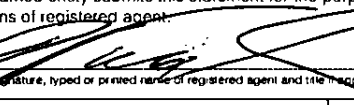
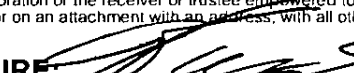


**FILED**  
**Apr 26, 2006 8:00 am**  
**Secretary of State**

40062870

[illegible]

<b>DOCUMENT # P04000166850</b>				<b>State of Florida</b> 04-26-2006 90186 007 ***150.00	
<b>1. Entity Name</b> EARLY GREEN TRANSPORT, INC.					
<b>Principal Place of Business</b> 13702 23RD STREET DADE, FL 33525		<b>Mailing Address</b> 13702 23RD STREET DADE, FL 33525		40062870 	
<b>2. Principal Place of Business</b> 36741 Tracy Rd Suite, Apt. #, etc.		<b>3. Mailing Address</b> 36741 Tracy Rd Suite, Apt. #, etc.		04122006 Chg-P CR2E034 (11/05)	
<b>City &amp; State</b> Dade City FL		<b>City &amp; State</b> Dade City FL		<b>4. FEI Number</b> 20-2391547 <b>Applied For</b> Not Applicable	
<b>Zip</b> 33523 <b>Country</b> USA		<b>Zip</b> 33523 <b>Country</b> USA		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> SOMMERS, THERESA 5316 8TH STREET ZEPHYRILLS, FL 33542				<b>7. Name and Address of New Registered Agent</b> <b>Name</b> Kevin Woods <b>Street Address (P.O. Box Number is Not Acceptable)</b> 36741 Tracy Rd <b>City</b> Dade City <b>FL</b> <b>Zip Code</b> 33523	
<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.</b>					
<b>SIGNATURE</b>  <b>4-12-06</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> ARMSTRONG, DONALD 13702 23RD STREET DADE, FL 33525	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>President</b> Woods, Kevin 36741 Tracy Rd Dade City, FL 33523	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> ARMSTRONG, EARLINE 13702 23RD STREET DADE, FL 33525	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>Vice President</b> Woods, Dalene 36741 Tracy Rd Dade City, FL 33523	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>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.</b>					
<b>SIGNATURE:</b>  <b>4-12-06 352-467-9043</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					