2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCLIMENT # D04000160443

FILED Apr 28, 2005 8:00 am Secretary of State

04-28-2005 90209 040 ***158.75

1. Entity Name FRATERNITY TRANSPORTATION COMPANY												
Principal Place 2550 W. COL SUITE 406 ORLANDO, FL	ONIAL DRIV		Maiking Address 2550 W. COLONIAL DRIVE SUITE 406 ORLANDO, FL 32804									
2. Principal P 150 Suite, Apt.	<u>5, Or</u>	anse Blosson	3. Mailing Address 150 5. Orange Blosson T. Suite, Apt. #, etc.			rl						
226			226				04262005	Chg-P	CR2E0	34 (10/03)	-U	
Orlan		FL "	City & State				4. FEI Numbe			No	plied For t Applicable	
3280	5	Country	32805	Ore	ntry Lug c			of Status Desired		\$8.75 Add Fee Required		
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent Name						
LOCHARD, MARGRETH 2550 W. COLONIAL DRIVE						Street Address (P.O. Box Number is Not Acceptable)						
SUITE 406 ORLANDO, FL 32804												
				City				FL	Zip Code	,		
B. The above named entity submits this statement for the purpose of changing its registered off the obligations of registered agent.							ed agent, or bot	h, in the State of Flo	orida. I am	familiar with,	and accept	
SIGNATURE	Signature, typed	or printed name of registered agent i	and title if applicable.	(NOTE: Register	ed Agent signatur	re required	when reinstaling)		DATE			
FILE NOWILL FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Fina Trust Fund Contribution							00 May Be ad to Fees					
10.	P	OFFICERS AND	DIRECTORS DE D	11				CHANGES TO OFF	ICERS AND		S IN 11 Addition	
NAME STREET ADDRESS CITY-ST-ZIP	CASSEU	e Dieliegeili	ن نط	eiele III	LE		sident			Change	Tal Montton	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 1 FPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE AND 1 FPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date