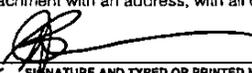


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90509 030 ***158.75

DOCUMENT # P04000171231					
1. Entity Name RED EYE TRANSPORTATION, INC.					
Principal Place of Business 19130 SW 113TH PLACE MIAMI, FL 33157			Mailing Address P.O. BOX 777 MIAMI, FL 33170		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
GREER, BEVERLY F 19130 SW 113TH PLACE MIAMI, FL 33157				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREER, BEVERLY F		NAME		
STREET ADDRESS	19130 SW 113TH PLACE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33157		CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREER, SAMUEL		NAME	TED GREER, JR.	
STREET ADDRESS	19130 SW 113TH PLACE		STREET ADDRESS	21330 SW 89 PLACE	
CITY-ST-ZIP	MIAMI, FL 33157		CITY-ST-ZIP	MIAMI, FL 33189	
TITLE	SEC	<input checked="" type="checkbox"/> Delete	TITLE	SEC.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREER, RANDY		NAME	DARRYL WASHINGTON	
STREET ADDRESS	19130 SW 113TH PLACE		STREET ADDRESS	11720 SW 181 TERR	
CITY-ST-ZIP	MIAMI, FL 33157		CITY-ST-ZIP	MIAMI, FL 33177	
TITLE	TREA	<input checked="" type="checkbox"/> Delete	TITLE	TREA	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREER, REBECCA		NAME	ERKOL STEWART	
STREET ADDRESS	19130 SW 113TH PLACE		STREET ADDRESS	12030 SW 177 TERR	
CITY-ST-ZIP	MIAMI, FL 33157		CITY-ST-ZIP	MIAMI, FL 33177	
TITLE		<input type="checkbox"/> Delete	TITLE	TREA	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	QUINCE BROWN	
STREET ADDRESS			STREET ADDRESS	15191 SW 128 AVE	
CITY-ST-ZIP			CITY-ST-ZIP	MIAMI, FL 33186	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: 		BEVERLY F. GREER		4/28/05 (786) 443-7195	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	