## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000172401

Entity Name: IMPERIAL TRANSPORTATION, INC.

FILED Apr 28, 2007 Secretary of State

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Current P	rincipal Place	e of Business:	New Princ	New Principal Place of Business:		
	EN MARY DRIV DRT, FL 3383					
Current N	lailing Addre	ss:	New Maili	New Mailing Address:		
267 QUEEN MARY DRIVE DAVENPORT, FL 33837				226 WINDRIDGE STREET DAVENPORT, FL 33837		
FEI Number	: 65-1163098	FEI Number Applied For()	FEI Number Not App	licable ( )	Certificate of Status Desired ( )	
Name and	d Address of (	Current Registered Agent:	Name and	Address o	f New Registered Agent:	
1840 SW 2 4TH FLOO		.A.				
	e named entity e of Florida.	submits this statement for the	purpose of changing i	ts registered	d office or registered agent, or both,	
SIGNATUI	RE:					
	Electro	nic Signature of Registered Ag	ent		Date	
Election Ca	mpaign Financin	g Trust Fund Contribution ( ).				
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip: Title:	CHETOUANE, 267 QUEEN M DAVENPORT, SVD (	ARY DRIVE FL 33837 ) Delete	Title: Name: Address: City-St-Zip: Title:		(X) Change ( ) Addition E, KAMEL IDGE STREET T, FL 33837 ( ) Change ( ) Addition	
Name: Address: City-St-Zip:	CHETOUANE, 267 QUEEN M DAVENPORT,	ARY DRIVE	Name: Address: City-St-Zip:			
Title: Name: Address: City-St-Zip:	D ( CHETOUANE, 267 QUEEN M DAVENPORT,	ARY DRIVE	Title: Name: Address: City-St-Zip:		(X) Change ( ) Addition E, SONIA IDGE STREET T, FL 33837	
Title: Name: Address: City-St-Zin:	D ( CHETOUANE, 267 QUEEN M DAVENPORT	ARY DRIVE	Title: Name: Address: City-St-Zin:		( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HICHEM CHETOUANE SVD 04/28/2007