2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000020462

Entity Name: DACRES TRUCKING INC

FILED Jun 08, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

901 S. STATE RD 7., SUITE PH 400 400PH

HOLLYWOOD, FL 33023

Current Mailing Address: New Mailing Address:

901 S. STATE RD 7., SUITE PH 400 4931 SW 158TH AVE 400PH 4931 SW 158TH AVE MIRAMAR, FL 33027

HOLLYWOOD, FL 33023

FEI Number: 41-2164791 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

DACRES, THEANIE
5067 SW 137TH TERRACE
MIRAMAR, FL 33027 US

DACRES, THEANIE
4931 SW 158TH AVE
MIRAMAR, FL 33027 US

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.

SIGNATURE: 06/08/2007

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 PD
 () Delete
 Title:
 PD
 (X) Change () Addition

 Name:
 DACRES, THEANIE
 Name:
 DACRES, THEANIE

 Address:
 5067 SW 137TH TERR
 Address:
 4931 SW 158TH AVE

 City-St-Zip:
 MIRAMAR, FL 33027
 City-St-Zip:
 MIRAMAR, FL 33027

 Title:
 D () Delete
 Title:
 D (X) Change () Addition

 Name:
 DACRES, OTHENEIL
 Name:
 DACRES, OTHENEIL

 Address:
 5067 SW 137TH TERR
 Address:
 5067TH 137TH TERR

 City-St-Zip:
 MIRAMAR, FL 33027
 City-St-Zip:
 MIRAMAR, FL 33027

Title: D () Delete Title: () Change () Addition

 Name:
 HUNTER, MONICA
 Name:

 Address:
 5067 SW 137TH TERR
 Address:

 City-St-Zip:
 MIRAMAR, FL 33027
 City-St-Zip:

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: THEANIE DACRES PRES 06/08/2007