

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P05000047630

FILED
Jun 03, 2009
Secretary of State**Entity Name:** DAYSPRING FREIGHT SERVICES,INC.**Current Principal Place of Business:**2768 SW EDGARCE ROAD
PORT ST. LUCIE, FL 34953 US**New Principal Place of Business:****Current Mailing Address:**2768 SW EDGARCE ROAD
PORT ST. LUCIE, FL 34953 US**New Mailing Address:****FEI Number:** 04-3809778**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**ALEXANDER, PAULETTE
2300 SW MONTERREY LANE
PORT ST. LUCIE, FL 34953 US**Name and Address of New Registered Agent:**

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:_____
Electronic Signature of Registered Agent_____
Date**OFFICERS AND DIRECTORS:****Title:** P () Delete
Name: ALEXANDER-BLAIR, PAULETTE
Address: 2300 SW MONTERREY LANE
City-St-Zip: PORT ST. LUCIE, FL 34953 US**Title:** VP () Delete
Name: ALEXANDER, ARTHUR
Address: 2300 SW MONTERREY LANE
City-St-Zip: PORT ST. LUCIE, FL 34953 US**Title:** TRES () Delete
Name: ALEXANDER-BLAIR, PAULETTE
Address: 2300 SW MONTERREY LANE
City-St-Zip: PORT ST. LUCIE, FL 34953 US**Title:** SEC () Delete
Name: NATION, NICOLA
Address: 952 SW MCCOMB AVE
City-St-Zip: PORT ST. LUCIE, FL 34953 US**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** P (X) Change () Addition
Name: ALEXANDER, PAULETTE BLAIR
Address: 2300 SW MONTERREY LANE
City-St-Zip: PORT ST. LUCIE, FL 34953 US**Title:** OFFC (X) Change () Addition
Name: ALEXANDER, ARTHUR B
Address: 2300 SW MONTERREY LANE
City-St-Zip: PORT ST. LUCIE, FL 34953 US**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** SEC (X) Change () Addition
Name: BLAIR, CHRISTINE
Address: 2300 SW MONTERREY LANE
City-St-Zip: PORT ST. LUCIE, FL 34953 US

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: PAULETTE BLAIR-ALEXANDER

P

06/03/2009

Electronic Signature of Signing Officer or Director_____
Date