2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2009
Secretary of State

DOCUMENT# P05000049198

Entity Name: FNG EXPRESS, INC.

Current Principal Place of Business:

4343 SCHUMACHER RD 189W
SEBRING, FL 33872 US

New Principal Place of Business:

Current Mailing Address:

4343 SCHUMACKER ROAD 189 W.
SEBRING, FL 33872 US

New Mailing Address:

4343 SCHUMACHER ROAD 189 W.
SEBRING, FL 33872 US

FEI Number: 20-2610468 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FRANCIS, DAVID M
4343 SCHUMACHER RD 189W
SEBRING, FL 33872 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: FRANCIS, DAVE
Address: 4343 SCHUMACKER ROAD 189 W.
City-St-Zip: SEBRING, FL 33872 US

Title: VPD ( ) Delete
Name: TORRES, JODI B
Address: 4343 SCHUMACKER ROAD 189 W.
City-St-Zip: SEBRING, FL 33872 US

Title: TD ( ) Delete
Name: GOLDSHOLLE, ROBERT
Address: 4343 SCHUMACKER ROAD 189 W.
City-St-Zip: SEBRING, FL 33872 US

Title: SD (X) Delete
Name: NEWTON, MARY LOU
Address: 4343 SCHUMACKER ROAD 189 W.
City-St-Zip: SEBRING, FL 33872 US

Title: D (X) Delete
Name: ROBERT, NEWTON
Address: 4343 SCHUMACKER ROAD 189 W.
City-St-Zip: SEBRING, FL 33872 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: FRANCIS, DAVE
Address: 4343 SCHUMACHER ROAD 189 W.
City-St-Zip: SEBRING, FL 33872 US

Title: VPD (X) Change ( ) Addition
Name: TORRES, JODI B
Address: 4343 SCHUMACHER ROAD 189 W.
City-St-Zip: SEBRING, FL 33872 US

Title: TD (X) Change ( ) Addition
Name: GOLDSHOLLE, ROBERT
Address: 4343 SCHUMACHER ROAD 189 W.
City-St-Zip: SEBRING, FL 33872 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
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: DAVE M FRANCIS PD 03/13/2009
Electronic Signature of Signing Officer or Director Date