2006 FOR PROFIT CORPORATION

SIGNATURE:

Secretary of State ANNUAL REPORT 05-22-2006 90041 033 ***150.00 DOCUMENT # P05000049277 THE EXPEDITE EXPRESS INC. 66021007 Principal Place of Business Mailing Address 1021 SW 115TH AVE 1021 SW 115TH AVE PEMBROKE PINES, FL 33025 PEMBROKE PINES, FL 33025 2. Principal Place of Business 3. Mailing Address Suite. Apt. *, etc. Suite, Apt, #, etc. 05102006 CR2E034 (11/05) City & State City & State Applied For Not Applicable Zio Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ALBRECHT, RANDY Street Address (P.O. Box Number is Not Acceptable) 1021 SW 115TH AVE PEMBROKE PINES, FL 33025 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, typed or printed reine of registered agent and blie if applicable. (NOTE: Registered Agent signature required when renetating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Due by September 6, 2006 Trust Fund Contribution. П Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TIFLE ☐ Delete FITLE ☐ Change ☐ Addition ALBRECHT, RANDY W MALA NAME STREET ADDRESS 1021 SW 115TH AVE STREET ADDRESS CITY - ST - ZIP PEMBROKE PINES, FL 33025 CITY-ST-ZIP Delete TIFLE Change ☐ Addition NAME HALLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-7IP THE ☐ Dalete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete THLE Change ☐ Addition NAME HAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MLE Delete HILE ☐ Chance ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP TITLE TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-21P CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 signature shall have the same legal effect as it made under oath; that I am an officer or director of the corporation or the receiver of 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 productions.

ANDY ALBRECHT- PRESIDENT

FILED Jun 29, 2006 8:00 am