2007 FOR PROFIT CORPORATION **FILED ANNUAL REPORT** Jan 08, 2007 08:00 AM DOCUMENT # P05000055378 **Secretary of State** ROBERT TRENARY TRUCKING, INC. Principal Place of Business Mailing Address 8430 HIDDEN PINES RD 8430 HIDDEN PINES RD FT PIERCE, FL 34945 FT PIERCE, FL 34945 CR2E034 (11/05) 01042007 No Chg-P DO NOT WRITE IN THIS SPACE 4. FEI Number 20-3026756 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent TRENARY ROBERT DO NOT WRITE 8430 HIDDEN PINES RD FT PIERCE, FL 34945 IN THIS SPACE 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.

| Signature, typed or printed name of registered agent and side if applicable. (NOTE: Registered Agen | | | | it signature required when reinstating) DATE | | |
|---|--|---|---|--|---|--|
| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | | 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees | | | 000000579241 01/09/07~80061-023 158.75 | |
| 10. OFFICERS AND DIREC | | TORS | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PVST TRENARY, ROBERT 8430 HIDDEN PINES RD FT PIERCE, FL 34945 | | | | • | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | DO | NOT WRITE | |
| TIFLE NAME STREET ADDRESS | | | , | IN ' | THIS SPACE | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental peport is true and accurate and that my 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 divises 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 attachme

SIGNATURE:

CITY-ST-ZIP TITLE

STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS

Applied For

Not Applicable