


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 15, 2006 8:00 am**  
**Secretary of State**

03-15-2006 90095 005 \*\*\*158.75

<b>DOCUMENT # P05000068101</b>	
1. Entity Name <b>SEW PER TRUCKING INC.</b>	

Principal Place of Business <b>17373 PHEASANT CIR PORT CHARLOTTE, FL 33948</b>	Mailing Address <b>11 MATTSON AVE. APT. # 1 WORCESTER, MA 01606</b>
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2. Principal Place of Business <b>19607 MIDWAY BLVD</b>	3. Mailing Address <b>19607 MIDWAY BLVD</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>PORT CHARLOTTE, FL</b>	City & State <b>PORT CHARLOTTE FL</b>
Zip <b>33952</b>	Country <b>CHARLOTTE</b>
Country <b>CHARLOTTE</b>	Zip <b>33952</b>

6. Name and Address of Current Registered Agent <b>SEWSANKAR, HARIDYAL R 11 MATTSON AVE. APT. # 1 WORCESTER, MA, FL 01606</b>	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 <i>Haridyal Sewsankar</i> (Pres.) <b>HARIDYAL R. SEWSANKAR</b>	DATE <b>2/24/06</b>

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SEWSANKAR, HARIDYAL R 11 MATTSON AVE., APT. # 1 WORCESTER, MA 01606 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SEWSANKAR, BYJANTIE 11 MATTSON AVE., APT. # 1 WORCESTER, MA 01606 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREA PERSAUD, ROOPDEO 11 MATTSON AVE., APT. # 2 WORCESTER, MA 01606 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>TREA PERSAUD, ROOPDEO 19607 MIDWAY BLVD PORT CHARLOTTE FL 33952</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC. PERSAUD, LOKESHWAR 17373 PHEASANT CIR. PORT CHARLOTTE, FL 33948 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 report 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 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 like empowered.	
SIGNATURE: <i>Byjantie Sewsankar</i> (VP) <b>BYJANTIE SEWSANKAR</b>	DATE <b>2/24/06</b> 508-579-7924