2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2006 8:00 am
Secretary of State
02-10-2006 90027 004 ***150.00

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1. Entity Name
MOBILE EX-PRESS, INC.

Principal Place of Business	Mailing Address
41 SOUTH FAIRFAX AVENUE WINTER SPRINGS, FL 32708	41 SOUTH FAIRFAX AVENUE WINTER SPRINGS, FL 32708

02022006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
110 Cypress Woods CT	110 Cypress Woods CT
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Deltona FL	City & State: Deltona FL
Zip: 32725 Country: USA	Zip: 32725 Country: USA

4. FEI Number: 20-3074329 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WILSON, TYRONE
41 SOUTH FAIRFAX AVENUE
WINTER SPRINGS, FL 32708

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable): 110 Cypress Woods CT 12A
City: Deltona FL Zip Code: 32725

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 title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DPST	☐ Delete	TITLE		☒ Change ☐ Addition
NAME	WILSON, TYRONE		NAME		
STREET ADDRESS	41 SOUTH FAIRFAX AVENUE		STREET ADDRESS	110 Cypress Woods CT 12A	
CITY-ST-ZIP	WINTER SPRINGS, FL 32708		CITY-ST-ZIP	Deltona FL 32725	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: X Tyrone Wilson — X 1-31-06 — 321-277-6517
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #