2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000107300

ADAMSON, HAZEL

2080 NW 189 TERR

OPA LOCKA, FL 33056

Name:

Address:

City-St-Zip:

Entity Name: UNTOUCHABLE TRANSPORT, INC.

FILED Feb 05, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 7636 RAMONA STREET MIRAMAR, FL 33023 **Current Mailing Address: New Mailing Address:** PO BOX 245936 7636 RAMONA STREET MIRAMAR, FL 33023 PEMBROKE PINES, FL 33024 FEI Number: 20-3278022 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: RICHARDS-PUSEY, DOREEN 7636 RAMONA STREET MIRAMAR, FL 33023 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition RICHARDS-PUSEY, DOREEN Name: Name: 7636 RAMONA STREET Address: Address: City-St-Zip: MIRAMAR, FL 33023 City-St-Zip: Title: DV Title: () Change () Addition () Delete ADAMSON, STEPHEN J Name: Name: 7636 RAMONA STREET Address: Address: City-St-Zip: MIRAMAR, FL 33023 City-St-Zip: Title: Title: DS () Delete () Change () Addition BROWN, LYNFORD Name: Name: 99 ST PAUL TOWER BEAUMONT RD Address: Address: City-St-Zip: LONDON ENGLAND, XX City-St-Zip: Title: DY () Delete Title: () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the 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.

Name:

Address:

City-St-Zip:

	SIGNATURE: _[DOREEN RICHARDS-PUSEY	DP	02/05/2006
--	---------------	-----------------------	----	------------