

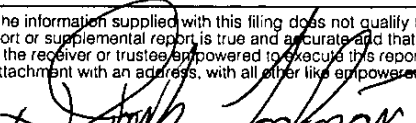


**FILED**  
**Mar 23, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P05000109580</b>			
1. Entity Name VL TRUCKING INC			
Principal Place of Business 7249 HIAWASSEE OAK DR ORLANDO, FL 32818 US		Mailing Address 7249 HIAWASSEE OAK DR APT 407 ORLANDO, FL 32818 US	
<b>DO NOT WRITE IN THIS SPACE</b>			
		03142007 No Chg-P CR2E034 (11/05)	
		4. FEI Number 20-3271281	
		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  LOAKNAUTH, DINESH 7249 HIAWASSEE OAK DR ORLANDO, FL 32818		<b>DO NOT WRITE IN THIS SPACE</b>	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		000000676818 03/30/07-80076-022 150.00	
TITLE NAME STREET ADDRESS CITY- ST- ZIP P LOAKNAUTH, DINESH 7249 HIAWASSEE OAK DR ORLANDO, FL 32818		<b>DO NOT WRITE IN THIS SPACE</b>	
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TITLE NAME STREET ADDRESS 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: 		Date: 8/26/7	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	