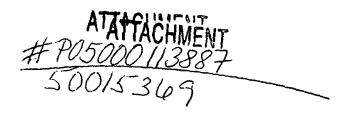
## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 24, 2006 8:00 am Secretary of State

DOCUMENT # P05000113887  1. Entity Name E&R TRUCKING INC.					04-24-200	06 90454 008 **	**150.00
Principal Place of Business Mailing Address 3611 MONAD ST 3611 MONAD ST N PORT, FL 34287 N PORT, FL 34287		3611 MONAD ST				500153	69
2. Principal Place of Business         3. Mailing Address           SAME AS ABOVE         3611 MON           Suite, Apt. #, etc.         Suite, Apt. #, etc.		3611 MONAD	ST				
		City & State NORTH PORT	T Fl.	01242006 4. FEI Number 2.0333 /	Chg-P  フクク	<del></del>	oplied For lot Applicable
Žip	Country	Zip	Country SARASOTA	5. Certificate of		\$8.75 Ac	ditional
	6. Name and Address of Current F	Registered Agent		7. Name and A	ddress of New F	Registered Agent	
PYKA, KR 3611 MON N PORT, F	IAD ST		Name Street Address (P.O. Box Number is Not Acceptable)				
			City			FL Zip Cox	de
8. The above named entity somits 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  Storage position nume inaggistered agent and title it applicable (NOTE: Registered Agent signalus required when reintrating)  — 9 7 659 6							
FILE NOWILL FEE IS \$150.00  After May 1, 2006 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be  Trust Fund Contribution.   Added to Fees							
10. OFFICERS AND DIRECTORS 1			11.	ADDITIONS/CH	HANGES TO OFF	ICERS AND DIRECTOR	RS IN 11
NAME STREET ADDRESS CITY-ST-ZIP	DS BRODALA, JERZY 501 OVALANDO PL #1 WARM MINERAL SPRINGS, FL	<b>⊠</b> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT PYKA, KRZYSZTOF 3611 MONAD ST N PORT, FL 34286	Devete	THTLE HAME STREET ADDRESS CITY-S1-ZIP		<del></del>	☐ Charge	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delets	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE  MAME  STREET ADDRESS  CITY-SI-ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-S1-ZIP			☐ Change	Addition
TITLE		☐ Delete	TITLE NAME	· 1 · · · · · · · · · · · · · · · · · ·		Change	Addition
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP				



RRZYSZTOF PYKA 3611 MONAD ST NORTH PORT, FL 342.86 (941) 240-5530

F4.DEPT OF STATE 03-08-06 DIV. OF CORP. DOC. # P05000113887

DEAR SIRS

ENCLOSED PLEASE FIND COMPLETED
ANUAL REPORT FORM,

NITH APPOLOGIES FOR NOT

DOING IT SO AT FIRST,

SHOULD YOU HAVE ANY QUESTIONS
PLEASE DO NOT HESITATE TO CALL.

THANKS

FOR KRZX52TOF PYKA