## SAME EAD DONELT CARRADATION

## FILED May 02, 2006 8:00 am Secretary of State 05-02-2006 90235 017 \*\*\*150.00

ANNUAL REPORT									
DOCUMENT # P05000115383  1. Entity Name BLANCO TRUCKING INC.	AMS								

Principal Place of Business Mailing Address					- 1											
1910 28TH STREET WEST				1910 28TH STREET WEST				60034010								
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2. Principal Place of Business 3. Mailing Address															11 EL 11 (EU)	
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City & State			City & State				4. FEI Numbe	er			1 -			Ap	plied For	
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Zip	Country Z			Zip Country				5. Certificate	nf S	Status	Desir	ad			75 Add	
															Required	i
	6. Name	and Address of Current	Regis	tered Agent				7. Name and	Ad	drese	of Ne	w Reg	dstered	Agen	t	
AL ALISS COLLEGE					Name											
BLANCO, 1910 28TH						Street Ac	dress (F	P.O. Box Numb	er is	Not a	Accep	able)				
BRADENT											· · · · ·					
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						City	<del></del>	····						. T:	Zip Code	
						J.,							F	L [		
		y submits this statement for	or the p	ourpose of changing its	register	ed office or	register	ed agent, or bo	eth, ir	the	State	of Flori	da. Lan	n famil	iar with,	and accept
the obligat	ions of regist	ered agent.														
SIGNATURE.																
		or printed name of registered agent	t and title	if applicable. (NOT	: Registere	id Agent signatu	ire required	when reinstating)					DATE			
		FEE IS \$150.00		<ol> <li>Election Campa</li> <li>Trust Fund Cont</li> </ol>		ncing		.00 May Se ed to Fees								
Atter M	ay 1, 2000	8 Fee will be \$550.	.00	riusti uno con	i i i i i i i i i i i i i i i i i i i	u	AUU	ed 10 rees								
10.		OFFICERS AND	DIREC	CTORS	11.			ADDITIONS	/CH	ANG	S TO	OFFIC	ERS AN	D DIR	ECTORS	SIN 11
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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-increase 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 employered 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR