


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 10, 2007 8:00 am**  
**Secretary of State**

09-10-2007 90001 019 \*\*\*150.00

<b>DOCUMENT # P05000129428</b>	
1. Entity Name <b>NAPER TRUCKING INC.</b>	

Principal Place of Business <b>23035 HARPER AVE APT A PORT CHARLOTTE, FL 33980</b>	Mailing Address <b>23035 HARPER AVE APT A PORT CHARLOTTE, FL 33980</b>
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2. Principal Place of Business - No P.O. Box # <b>22202 ELMIRA BLVD</b>	3. Mailing Address <b>22202 ELMIRA BLVD.</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>PT. CHARLOTTE, FLORIDA</b>	City & State <b>PT. CHARLOTTE, FLORIDA</b>
Zip <b>33952</b>	Country <b>U.S.A</b>
Zip <b>33952</b>	Country <b>U.S.A</b>

40131106



08142007 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent <b>PERSAUD, SEWNARINE N 23035 HARPER AVE APT A PORT CHARLOTTE, FL 33980</b>		7. Name and Address of New Registered Agent Name <b>SEWNARINE N PERSAUD</b> Street Address (P.O. Box Number is Not Acceptable) <b>22202 ELMIRA BLVD</b> City <b>PT. CHARLOTTE</b> FL Zip Code <b>33952</b>	
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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 *Sewnarine Persaud* **SEWNARINE PERSAUD (PRESIDENT)** 9/4/07  
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  
Due by September 14, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PERSAUD, SEWNARINE N 23035 HARPER AVE APT A PORT CHARLOTTE, FL 33980 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PERSAUD, SEWNARINE N 22202 ELMIRA BLVD. PORT CHARLOTTE, FL 33952 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PERSAUD, SARADA 23035 HARPER AVE APT A PORT CHARLOTTE, FL 33980 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SARADA PERSAUD 22202 ELMIRA BLVD PORT CHARLOTTE FL 33952 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC PERSAUD, RABISHWARI 23035 HARPER AVE APT A PORT CHARLOTTE, FL 33980 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC RABISHWARI PERSAUD 22202 ELMIRA BLVD PT. CHARLOTTE, FL 33952 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *S. Persaud* **VICE-PRESIDENT**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/4/07 954-243-5824  
Date Daytime Phone #