2007 FOR PROFIT CORPORATION

May 04, 2007 8:00 am Secretary of State ANNUAL REPORT DOCUMENT # P05000132129 05-04-2007 90100 009 ***150.00 POINT 2 POINT TRANSPORT SERVICES, INC. Principal Place of Business Mailing Address 1000 E. ATLANTIC BLVD. 1000 E. ATLANTIC BLVD. **SUITE 117** SUITE 117 POMPANO BEACH, FL 33060 POMPANO BEACH, FL 33060 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 05022007 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 76-0801925 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent VILLIERE, MARIE 1000 E. ATLANTIC BLVD. **SUITE 117** POMPANO BEACH, FL 33060 8. The above named entity secmits this statement to The purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar the obligations of SIGNATURE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. Due by September 14, 2007 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. Addition ☐ Change TITLE TITLE Delete NAME JOSEPH, JENNIFER NAME ROGER GINGERICH STREET ADDRESS 2180 N. SHERMAN CIR #204 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP POMPANO BEACH, FL 33060 VΡ TITLE Delete TITLE VILLIERE, MARIE NAME STREET ADDRESS 1000 E. ATLANTIC BLVD., SUITE 117 STREET ADDRESS POMPANO BEACH, FL 33060 CITY-ST-ZIP CiTY-ST-ZIP VP TiTLE Delete TITLE ☐ Change ☐ Addition BEAULIEU, JOSEPH NAME NAME 9622 SW 146 AVE STREET ADDRESS STREET ADDRESS MIAMI, FL 32176 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TATLE □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS

12. Thereby certify that the information supplied with this filing does not gualify 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 true empowered to execute this report are equired by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

FILED