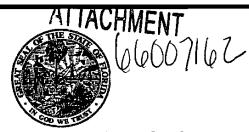
2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 27, 2006 8:00 am Secretary of State DOCUMENT # P05000134357 03-13-2006 90081 003 ***150.00 1. Entity Name S.M.A.R.T.T TRUCKING INC. Principal Place of Business Mailing Address 942 BURLAND CIRCLE WINTER GARDEN FL 34787 942 BURLAND CIRCLE WINTER GARDEN FL 34787 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Numb Applied For 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 Name MATHURA, TAJEPAUL 942 BURLAND CIRCLE Street Address (P.O. Box Number is Not Acceptable) WINTER GARDEN FL 34787 City Zip Code 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. SMARTT TE NOUTY FILE NOW!!! FEE'IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Make Check Payable to Florida Department of State Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE Change Addition MATHURA, TAJEPAUL MAME STREET ADDRESS 942 BURLAND CIRCLE STREET ADDRESS CITY-ST-ZIP WINTER GARDEN FL 34787 CITY-ST-7/P ITTLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP THILE TITLE Oelete ☐ Addition MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7P CITY-SI-ZIP TITLE Defete TITLE ☐ Change ☐ Addition MANAF NAME STREET ADDRESS STREET ANDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TOTLE Delete TITI F Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-709 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 it made under oath; that I am an officer or director of the corporation or the receiver or Intside empowered to execute this report as required by Chapter 607, Rorida 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

ND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-28-06

FILED



FLORIDA DEPARTMENT OF STATE Division of Corporations

March 15, 2006

S.M.A.R.T.T TRUCKING INC. 942 BURLAND CIRCLE WINTER GARDEN, FL 34787

Subject: S.M.A.R.T.T TRUCKING INC.

Reference Number:

P05000134357

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: <u>Division of Corporations</u>, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/CD ANNUAL REPORTS SECTION