2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000142137

FILED Mar 10, 2006 Secretary of State

Entity Name: REMOTE ROUTES, INC.	
Current Principal Place of Business:	New Principal Place of Business:
6619 S DIXIE HWY SUITE 332 MIAMI, FL 33156	
Current Mailing Address:	New Mailing Address:
6619 S DIXIE HWY SUITE 332 MIAMI, FL 33156	
FEI Number: 20-3656435 FEI Number Applied For	() FEI Number Not Applicable () Certificate of Status Desired ()
Name and Address of Current Registered Age	ent: Name and Address of New Registered Agent:
VICTOR LERRO & COMPANY, P.A. 2600 N MILITARY TRAIL SUITE 230 BOCA RATON, FL FL US	
The above named entity submits this statement for in the State of Florida.	or the purpose of changing its registered office or registered agent, or both,
SIGNATURE:	
Electronic Signature of Register	red Agent Date
Election Campaign Financing Trust Fund Contribution (.).
OFFICERS AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

Title:

Name:

Address:

Title: () Delete MONTGOMERY, DANIEL JR Name: 3971 ROUGGLY RD Address: City-St-Zip: VALLES MINES, MO 63087

Title: () Delete CUNNINGHAM, CLAUDE B Name: Address: 9641 SW 11TH STREET PEMBROKE PINES, FL 33025 City-St-Zip:

Title: () Delete Name: SABA, BEHZAD

Address: 6619 S. DIXIE HWY, STE 332

City-St-Zip: MIAMI, FL 33156 MIAMI, FL 33143

6619 SOUTH DIXIE HWY., 332

(X) Change () Addition

City-St-Zip:

Title: (X) Change () Addition

CUNNINGHAM, CLAUDE B Name: Address: 9641 SW 11TH STREET PEMBROKE PINES, FL 33025 City-St-Zip:

SABA, BEHZAD

Title: (X) Change () Addition

Name: SABA, BEHZAD

Address: 6619 S. DIXIE HWY, STE 332

City-St-Zip: MIAMI, FL 33156

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Ρ SIGNATURE: BEHZAD SABA 03/10/2006