



**FILED**  
**Apr 10, 2006 8:00 am**  
**Secretary of State**

66009408

<b>DOCUMENT # P05000145816</b>				01-24-2006 90012 005 ***150.0	
1. Entity Name <b>A.C.A. TRANSPORT INC.</b>					
Principal Place of Business <b>21335 WYUGUL ROAD UMATILLA, FL 32784</b>		Mailing Address <b>21335 WYUGUL ROAD UMATILLA, FL 32784</b>			
2. Principal Place of Business <b>31092 Lochmere Circle</b>		3. Mailing Address <b>31092 Lochmere Circle</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01092008 Chg-P CR2E034 (11/05)	
City & State <b>Sorrento FL</b>		City & State <b>Sorrento FL</b>		4. FEI Number <b>22-3917592</b>	
Zip <b>32776</b>		Zip <b>32776</b>		Applied For Not Applicable	
Country <b>USA</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>SPIEGEL &amp; UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145</b>				7. Name and Address of New Registered Agent	
Name				Street Address (P.O. Box Number is Not Acceptable)	
City				FL 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.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP PD WILLIAMS, CHRISTOPHER J 21335 WYUGUL ROAD UMATILLA, FL 32784 <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 ST WILLIAMS, AMANDA S 21335 WYUGUL ROAD UMATILLA, FL 32784 <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		
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: <b>Christopher J. Williams</b> <b>1-13-06</b> <b>352-388-7111</b>					

**A.C.A. Transport Inc.**

Amanda Williams Sec./ Tres.  
31092 Lochmore Circle  
Sorrento, FL  
32776  
352-735-3798  
Fax:352-735-3798

ATTACHMENT

6600 9408

April 5, 2006

Florida Department of State  
P.O. Box 1500  
Tallahassee, FL  
32302-1500

This Letter has just been received after being mailed to the wrong address. I enclosed a copy of the letter. I have also inclosed the corrected report with EIN number. The reference number is PO5000145816.

Sincerely,

A.C.A. Transport Inc.

Amanda Williams  
SEC./ TRES.