_ 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 30, 2007 8:00 am Secretary of State DOCUMENT # P05000148282 1. Entity Name 04-30-2007 90387 022 ***150.00 SORLI TRUCKING, INC. Principal Place of Business Mailing Address 2467 SOUTH WASHINGTON AVE 2467 SOUTH WASHINGTON AVE 208-B TITUSVILLE FL 32780 TITUSVILLE FL 32780 2. Principal Place of Bysiness - No P.O. Box # 3. Mailing Address GROVE Rd 198 CEDAR GROVE Rd 198 CedAR Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State Applied For City & State 4. FEI Number 20-3736445 OAK OAK HILL Not Applicable Country USA 32159 \$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 <u>۲۵ه</u>۲ SORLI, PAUL Street Address (P.O. Box Number is Not Acceptable) 2467 SOUTH WASHINGTON AVE 208-B TITUSVILLE FL 32780 edAR CROVE 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. SORLI SIGNATURE (NOT) Registered Agent signature reduced when reinstative) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. Delete ☐ Addition шп ШП SORLI, PAUL SORLI, PAUL NAMI NAMI 198 CÉDAR GROVE Rd. 2467 SOUTH WASHINGTON AVE, 208-B STREET ADDRESS STREET ADDRESS OAK HILL , FL. 32759 TITUSVILLE FL 32780 CITY-ST-ZIP CHY ST 7IP ☐ Delete 1003 ☐ Change Addition SORLI, MARY JANE NAMI NAMI 2467 SOUTH WASHINGTON AVE, 208-B STREET LADDRESS STRUCT ADDRESS TITUSVILLE FL 32780 CHY SI ZIP CHY ST-ZIP Delete ☐ Change Addition 1110 TOTE NAMI STREET ADDRESS STREET ADDRESS CHY-SE ZIP CHY ST ZIP ☐ Delete ☐ Change ■ Addition NAMI NAMI STREET ADDRESS STRIET ADDRESS CHY ST ZIP CHY ST 7IP ☐ Delete RIH ☐ Change Addition 111/1 NAME NAMI STREET LADDRESS STREET ADDRESS CHY-ST-ZIP CHY SL ZIP ☐ Delete mn Change ■ Addition DILE NAMU NAMI STREET ADDRESS STRUET ADDRESS CITY ST-ZIP CITY-S1-ZIP 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 if made under eath, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED