


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2007 8:00 am
Secretary of State

04-06-2007 90042 004 ***150.00

DOCUMENT # P06000017813		
1. Entity Name CKA.TRUCKING INC.		

Principal Place of Business 11945 OLD GLORY DRIVE PH ORLANDO, FL 32837 0	Mailing Address 11945 OLD GLORY DRIVE PH ORLANDO, FL 32837 0
---	---

2. Principal Place of Business - No P.O. Box # 4436 HARTS COVE WAY	3. Mailing Address 4436 HART COVE WAY
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State CLERMONT FL	City & State CLERMONT FL
Zip 34711	Zip 34711
Country USA	Country USA



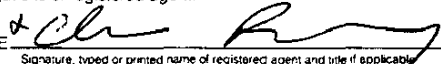
03292007 Chg-P CR2E034 (12/06)

4. FEI Number 68-0621731	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent RAMSAMOOJ, CHRIS 11945 OLD GLORY DRIVE ORLANDO, FL 32837


7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 4436 HARTS COVE WAY City CLERMONT FL Zip Code 34711
--

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  Signature, typed or printed name of registered agent and title if applicable	CHRIS RAMSAMOOJ (NOTE: Registered Agent signature required when reinstating)
	DATE 3-31-07

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RAMSAMOOJ, CHRIS 11945 OLD GLORY DRIVE ORLANDO, FL 32837 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTS CHRIS RAMSAMOOJ 4436 HARTS COVE WAY CLERMONT, FL 34711 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	CHRIS RAMSAMOOJ Date 3-31-07 Daytime Phone #