2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

May 02, 2008 8:00 am Secretary of State 05-02-2008 90136 037 ***150.00 **DOCUMENT # P06000030014** RODNEY & SON TRUCKING, INC. Principal Place of Business Mailing Address 6906 NAWADAHA BLVD 6906 NAWADAHA BLVD ORLANDO, FL 32818 ORLANDO, FL 32818 04282008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-4401720 Not Applicable \$8,75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent SURJAN, JITRANATH DO NOT WRITE 6906 NAWADAHA BLVD ORLANDO, FL 32818 IN THIS SPACE 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. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 \$5.00 May Be \Box Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE SURJAN, JITRANATH NAME 6906 NAWADAHA BLVD STREET ADDRESS ORLANDO, FL 32818 CITY-ST-ZIP TITLE SURJAN, SAVITRI NAME STREET ADDRESS 6906 NAWADAHA BLVD ORLANDO, FL 32818 CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADORESS CITY-ST-ZIP

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: _

TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR POINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED