2007 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

May 29, 2007 8:00 am Secretary of State DOCUMENT # P06000074750 05-29-2007 90041 020 ***150.00 MCCOOL TRANSPORTATION MANAGEMENT, INC. Principal Place of Business Mailing Address 1585 OLDSMAR TERRACE 1585 OLDSMAR TERRACE DELTONA, FL 32725 DELTONA, FL 32725 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04032007 CR2E034 (12/06) Chg-P 4. FEI Number 20 - 4958393 City & State City & State Applied For Not Applicable Zip Country Ζiρ Country \$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 Name MCCOOL, DANA Street Address (P.O. Box Number is Not Acceptable) 1585 OLDSMAR TERRACE DELTONA, FL 32725 City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Election Campaign Financing \$5.00 May Be П Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE D ☐ Change ☐ Delete TITLE ☐ Addition NAME MCCOOL, DANA NAME STREET ADDRESS 1585 OLDSMAR TERRACE STREET ADDRESS CITY-ST-ZIP DELTONA, FL 32725 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME MCCOOL, DAVID NAME STREET ADDRESS 1585 OLDSMAR TERRACE STREET ADDRESS CITY-ST-ZIP DELTONA, FL 32725 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CiTY-ST-ZiP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 of 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

FILED

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MCCOOL TRANSPORTATION MANAGEMENT, INC.

1585 Oldsmar Terrace Deltona, Florida 32725 p-386-575-0905 f-386-575-0668

Florida Division of Corporations P.O. Box 1500 Tallahassee, FL 32302-1500

May 23, 2007

Dear Sirs:

Please find attached our 2007 Annual Report, as well as our check for \$150.00. I am hoping that the late filing fee can be waived. This is our first year in business, and we have had some difficulty with our bookkeeper. They have been replaced, but this form was not prepared in a timely manner, and we missed the May 1 deadline. If it is possible that this fee be waived, we promise to be more diligent in getting this form completed and filed on time in the years to come.

Thank you in advance for your consideration in this matter.

Sincerely,

Dana McCool President