


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2007 8:00 am**  
**Secretary of State**

04-18-2007 90178 002 \*\*\*150.00

<b>DOCUMENT # P06000075717</b>	
1. Entity Name <b>EVENS TRUCKING CORP</b>	


Principal Place of Business <b>1319 LINZLU ST WINTER GARDEN, FL 34787 US</b>	Mailing Address <b>1319 LINZLU ST WINTER GARDEN, FL 34787 US</b>
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2. Principal Place of Business - No P.O. Box # <b>1319 Lindzlu ST</b>	3. Mailing Address <b>1319 Lindzlu ST</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Winter Garden FL</b>	City & State <b>Winter Garden FL</b>
Zip <b>34787</b>	Zip <b>34787</b>
Country <b>ORANGE</b>	Country <b>ORANGE</b>

6. Name and Address of Current Registered Agent <b>CADET, EVENS 1319 LINDZLU ST WINTER GARDEN, FL 34787</b>	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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.

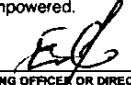
SIGNATURE  DATE \_\_\_\_\_

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>P</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>CADET, EVENS</b>		NAME	
STREET ADDRESS <b>1319 LINDZLU ST</b>		STREET ADDRESS	
CITY-ST-ZIP <b>WINTER GARDEN, FL 34787</b>		CITY-ST-ZIP	
TITLE <b>VP</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>CADET, MONA</b>		NAME	
STREET ADDRESS <b>1319 LINDZLU ST</b>		STREET ADDRESS	
CITY-ST-ZIP <b>WINTER GARDEN, FL 34787</b>		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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: **EVENS, CADET**  **4-9-07** **321-945-9541**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #