2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000099291

Entity Name: DMS EXPRESS TRANSPORTATION INC.

FILED Apr 26, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

4500 HUNTINGTON STREET NE 1937 CAROLINA AVE N.E. ST. PETERSBURG, FL 33703 ST. PETERSBURG, FL 33703

Current Mailing Address: New Mailing Address:

4500 HUNTINGTON STREET NE 1937 CAROLINA AVE N.E ST. PETERSBURG, FL 33703 ST. PETERSBURG, FL 33703

FEI Number: 20-5297483 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SAMMONS, DEXTER SAMMONS, DEXTER 4500 HUNTINGTON STREET NE 1937 CAROLINA AVE N.E. ST. PETERSBURG, FL 33703 ST. PETERSBURG, FL 33703 US

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.

SIGNATURE: DEXTER SAMMONS 04/26/2007

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: (X) Change () Addition

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete SAMMONS, DEXTER SAMMONS, DEXTER Name: Name: 4500 HUNTINGTON STREET NE 1937 CAROLINE AVE N.E. Address: Address: City-St-Zip: ST. PETERSBURG, FL 33703 City-St-Zip: ST. PETERSBURG, FL 33703

Title: Title: (X) Change () Addition () Delete

SAMMONS, DEXTER SAMMONS, DEXTER Name: Name: 4500 HUNTINGTON STREET NE 1937 CAROLINA AVE N.E Address: Address: ST. PETERSBURG, FL 33703 ST. PETERSBURG, FL 33703 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DEXTER SAMMONS **PRES** 04/26/2007