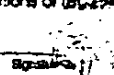
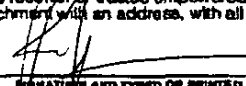


FILED
Jul 02, 2007 8:00 am
Secretary of State

07-02-2007 90035 022 ***150.00

**2007 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P06000099555 1. Entity Name FREIGHT MASTERS TRANSPORTATION INC.					
Principal Place of Business 3700 FRIARS COVE ST CLOUD, FL 34769			Mailing Address 3700 FRIARS COVE ST CLOUD, FL 34769		
2. Principal Place of Business - No P.O. Box # 2873 TAMPA AVE Suite, Apt. #, etc.		3. Mailing Address 2873 TAMPA AVE Suite, Apt. #, etc.			
City & State HESSIMMER FL Zip 34744		City & State HESSIMMER FL Zip 34744		4. FEI Number 74-3188648 Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		6. Name and Address of Current Registered Agent SUTTER, BERNARD R 1207 ILLINOIS AVE ST CLOUD, FL 34769			
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		8. The above named agent 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, the named agent.			
SIGNATURE Signature:  Printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)		DATE 6/5/07			
FILE NOW! FEE IS \$150.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees In accordance with s. 607.183(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HELIGAR, RON 3700 FRIARS COVE ST CLOUD, FL 34769	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	HELIGAR, Ron 2873 TAMPA AVE HESSIMMER FL 34744	☒ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ 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					