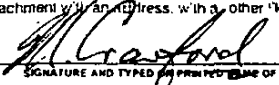


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 15, 2007 8:00 am
Secretary of State

01-11-2007 90051 024 ***158.75

DOCUMENT # P06000099735			
1. Entity Name MEGA FORCE TRUCKING, INC.			
Principal Place of Business 11000 N. US HIGHWAY 41 PALMETTO, FL 34221		Mailing Address 11000 N. US HIGHWAY 41 PALMETTO, FL 34221	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FCI Number 20-5497082		Applied For Not Applicable	
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required		01022007 Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent HOLCOMB, VICTOR W 201 N. ARMENIA AVENUE TAMPA, FL 33609		7. Name and Address of New Registered Agent Name CRAWFORD, EARL P. Street Address (P.O. Box Number's Not Accepted) 11000 US Hwy 41 N City PALMETTO FL Zip Code 34221	
8. The above named entity sworn to 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 _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY ST ZIP	D CRAWFORD, EARL PATRICK ☐ Delete 11000 N. US HIGHWAY 41 PALMETTO, FL 34221	TITLE NAME STREET ADDRESS CITY ST ZIP	VPD ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	D CRAWFORD, MAUREEN ☐ Delete 11000 N. US HIGHWAY 41 PALMETTO, FL 34221	TITLE NAME STREET ADDRESS CITY ST ZIP	STD ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	D TENN, TAFARI ☐ Delete 11000 N. US HIGHWAY 41 PALMETTO, FL 34221	TITLE NAME STREET ADDRESS CITY ST ZIP	PD ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ 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 supplementary 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; changed, or on an attachment with an address, within a other I am empowered			
SIGNATURE: 		1/2/07 941-721-7771	
SIGNATURE AND TYPED NAME OF SIGNING OFFICER OR DIRECTOR			