2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000123552

Entity Name: ROMEO TRANSPORT, INC.

FILED Mar 16, 2007 Secretary of State

Current Principa	al Place of Business:	New Principal Place of Business:

433 LOS ALTOS WAY 15 BILTVUE PLACE

#104

US PALM COAST, FL 32164 ALTAMONTE SPRINGS, FL 32714 US

New Mailing Address: Current Mailing Address:

433 LOS ALTOS WAY 15 BILTVUE PLACE

#104 PALM COAST, FL 32164 US

ALTAMONTE SPRINGS, FL 32714 US

FEI Number: 20-5618048 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:

COPE, LISA A COPE, LISA A 15 BILTVUE PLACE 433 LOS ALTOS WAY

US #104 PALM COAST, FL 32164

ALTAMONTE SPRINGS, FL 32714 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: 03/16/2007

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/D () Delete Title: (X) Change () Addition

COPE, LISA A Name: COPE, LISA A Name: 433 LOS ALTOS WAY, #104 15 BILTVUE PLACE Address: Address:

City-St-Zip: ALTAMONTE SPRINGS, FL 32714 US City-St-Zip: PALM COAST, FL 32164 US

VP/D Title: VP/D Title: () Delete (X) Change () Addition

COPE. THOMAS W JR Name: Name: COPE, THOMAS W JR 433 LOS ALTOS WAY, #104 15 BILTVUE PLACE Address: Address: ALTAMONTE SPRINGS, FL 32714 US PALM COAST, FL 32164 US City-St-Zip: City-St-Zip:

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

COPE, LISA A COPE, LISA A Name: Name:

433 LOS ALTOS WAY, #104 15 BILTVUE PLACE Address: Address:

City-St-Zip: ALTAMONTE SPRINGS, FL 32714 US City-St-Zip: PALM COAST, FL 32164 US

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

COPE, THOMAS W JR COPE, THOMAS W JR Name: Name: Address: 433 LOS ALTOS WAY, #104 Address: 15 BILTVUE PLACE City-St-Zip: ALTAMONTE SPRINGS, FL 32714 US City-St-Zip: PALM COAST, FL 32164 US

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: LISA A COPE P/D 03/16/2007