

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED
Oct 19, 2008
Secretary of State**

DOCUMENT# P06000126736

Entity Name: CRANSTON EXPRESS INC.

Current Principal Place of Business:

3742 NW 63RD CT
COCONUT CREEK, FL 33073

New Principal Place of Business:

Current Mailing Address:

3742 NW 63RD CT
COCONUT CREEK, FL 33073

New Mailing Address:

FEI Number: 20-5690140 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CRANSTON, OWEN
3742 NW 63RD CT
COCONUT CREEK, FL 33073 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CRANSTON, OWEN
Address: 3742 NW 63RD CT
City-St-Zip: COCONUT CREEK, FL 33073

Title: VP () Delete
Name: WILLIS, DONNIKE
Address: 1966NW 193AVE
City-St-Zip: PEMBROKE PINES, FL 33029

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP () Change (X) Addition
Name: DERVEN, DONOVON
Address: 905 SW 11 PLACE
City-St-Zip: CAPE CAROL, FL 33991

I hereby certify that the information supplied with this filing does not qualify 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: D DONOVON

VP

10/19/2008

Electronic Signature of Signing Officer or Director

_____ Date