## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 02, 2007 8:00 am Secretary of State

DOCUMENT # P06000134370  1. Entity Name GOTTA GO AUTO TRANSPORT INC						04-02-200	7 90084 02	5 ***15	50.00	
Principal Place of Business Mailing Address			······································		• 0	046752				
202 SO HARRISON STREET PO BOX 525 BEVERLY HILLS, FL 34465 US FIRESTONE, CO 80520 US			US		40	040102				
Principal Place of Business - No P.O. Box # 3. Mailing Address										
1066 Palerma you				_	 	BRIIL BIIN ABIE BBUH BU	FINE URBUL HIND DINGO		(10 i i i i i i i i i i i i i i i i i i i	
Suite, Apt. #, etc.					03072007	Chg-P	CR2E034	(12/06)		
City & State	ity & State  City & State				4. FEI Number 20-5'	75453	33	$\rightarrow$	plied For t Applicable	
3346	2 Palym Boach	Zip	Country		5. Certificate	of Status Desired		8.75 Add e Required		
	6. Name and Address of Current	Name		7. Name and	Address of New	Registered Ag	ent			
BURKETTE, MARK D 202 SO HARRISON STREET BEVERLY HILLS, FL 34465										
				Street Address (P.O. Box Number is Nat Acceptable)						
				1066 Parama Way						
			na_		FL	332	168			
8. 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. I am familiar with, and accept the obligations of registered agent.										
SIGNATURE										
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE										
FILE NOW!!! FEE IS \$150.00  After May 1, 2007 Fee will be \$550.00  9. Election Campaign Financing Trust Fund Contribution.  9. Election Campaign Financing Trust Fund Contribution.  9. Election Campaign Financing Added to Fees										
10.	OFFICERS AND		11.		ADDITIONS	CHANGES TO OF	FICERS AND D	IRECTORS	3 IN 11	
NAME	PRES   BURKETTE, MARK D	Delete	TITLE NAME		^ .		'	Change	☐ Addition	
STREET ADDRESS	202 SO HARRISON ST			100	occ Palama Way					
CITY-ST-ZIP	BEVERLY HILLS, FL 34465 SECY	Delete	CITY-ST-ZIP	-	in + cu	70 Fr		Change	☐ Addition	
NAME	MEIS, LYNELLE	_ 5000	NAME					_ vege		
STREET ADDRESS CITY-ST-ZIP	PO BOX 525 FIRESTONE, CO 80520		STREET ADDRESS CITY-ST-ZIP							
TITLE		☐ Delete	TITLE				[	Change	☐ Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS							
CITY-ST-ZIP			C1TY+ST-Z1P							
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NAME STREET ADDRESS			NAME STREET ADDRESS				•	_ •		
CITY-ST-ZIP			CITY-ST-ZIP	_						
TITLE		☐ Delete	TITLE NAME		-		(	Change	☐ Addition	
STREET ADDRESS			STREET ADORESS							
CHY-ST-ZIP			CITY-ST-ZIP							

12. Thereby certify that the information supplied with this filling 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

3-12-00

303-65-16427

Daytime Phone #