2008 FOR PROFIT CORPORATION ANNUAL REPORT

May 21, 2008 8:00 am Secretary of State 05-21-2008 90022 023 ***150.00 DOCUMENT # P07000002664 STARLING TRUCKING INC. Mailing Address Principal Place of Business 60042678 319 SE 2ND STREET 319 SE 2ND STREET WILLISTON, FL 32696 WILLISTON, FL 32696 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04292008 CR2E034 (12/06) Chg-P 4. FEI Number City & State City & State Applied For Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent STARLING, RICHARD Street Address (P.O. Box Number is Not Acceptable) 319 SE 2ND STREET WILLISTON, FL 32696 City Zip Code 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 SIGNATURE (NOTE: Registered Agent signature required when reinstation) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. DPST TITLE Defete TITLE ☐ Addition Change STARLING, RICHARD NAME NAME STREET ADDRESS 319 SE 2ND STREET STREET ADDRESS CITY - ST - ZIP WILLISTON, FL 32696 CITY-S1-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition STARLING, RICHARD NAME NAME STREET ADDRESS 319 SE 2ND STREET STREET ADDRESS CITY-ST-ZIP WILLISTON, FL 32696 CITY-ST-ZIP Dolete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Addition Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-SY-ZIP Detete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY+ST-7IP CITY-ST-ZIP

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 changed, or on an attactment with an address, with all other like empowered.

OFFICER OR DIRECTOR

FILED

ock 10 or Block 11 if