2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2009
Secretary of State

DOCUMENT# P08000108966

Entity Name: AMERICAN TRANSPORTER, INC.

Current Principal Place of Business:

5001 SANDLAKE RD.
SUITE #D
ORLANDO, FL 32819 US

New Principal Place of Business:

Current Mailing Address:

5001 SANDLAKE RD.
SUITE #D
ORLANDO, FL 32819 US

New Mailing Address:

FEI Number: 26-3884710 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MASOOD, KHAWAJA S
4865 CYPRESS WOODS DR
2206
ORLANDO, FL 32811 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DIR ( ) Delete
Name: MASOOD, KHAWAJA S
Address: 4865 CYPRESS WOODS DR
City-St-Zip: ORLANDO, FL 32811 US

Title: DIR ( ) Delete
Name: BASHIR, FAROOQUE
Address: 10873 WINDSOR WALK DR # 4-206
City-St-Zip: ORLANDO, FL 32837 US

Title: DIR (X) Delete
Name: ALVI, SYED S
Address: 2311 PRIME CIR # B
City-St-Zip: KISSIMMEE, FL 34746 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: MASOOD, KHAWAJA S
Address: 4865 CYPRESS WOODS DR, APT #2206
City-St-Zip: ORLANDO, FL 32811 US

Title: DIR (X) Change ( ) Addition
Name: ALVI, SYED S
Address: 2311 PRIME CIR # B
City-St-Zip: KISSIMMEE, FL 34746 US

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

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: KHAWAJA MASOOD PD 02/18/2009

Electronic Signature of Signing Officer or Director — Date