2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09638

Entity Name: DRUG TRANSPORT, INC.

FILED Jan 14, 2004 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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1939 FORGE STREET TUCKER, GA 30084

Current Mailing Address: New Mailing Address:

BOX 1678 BOX 1678

TUCKER, GA 300858678 TUCKER, GA 300851678

FEI Number: 58-1452791 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:

THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE, FL 32301 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:

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition LOCKWOOD, RICHARD S LOCKWOOD, RICHARD S Name: Name: 485 COVINGTON COVE 415 ENCLAVE CIRCLE Address: Address: City-St-Zip: ALPHARETTA, GA 30201 City-St-Zip: ATLANT, GA 30342

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

 Name:
 HUDSON, DAVID W
 Name:
 HUDSON, DAVID W

Address: 323 RIDGE BROOK TRAIL Address: 4075 BRIDLE RIDGE DRIVE
City-St-Zip: DULUTH, GA 30096 City-St-Zip: SUWANEE, GA 30024

() Delete Title: (X) Change () Addition Title: LOCKWOOD, RICHARD S. J. LOCKWOOD, RICHARD S. J Name: Name: 5255 WYNTER CREEK WAY 1843 VANCROFT COURT Address: Address: City-St-Zip: ALPHARETTA, GA 30201 City-St-Zip: DUNWOODY, GA 30338

Title: D () Delete Title: () Change () Addition

 Name:
 LOCKWOOD, C W
 Name:

 Address:
 840 S COLLIER BLVD
 Address:

 City-St-Zip:
 MARCO ISLAND, FL 33937
 City-St-Zip:

Title: AST () Delete Title: () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: DAVID W. HUDSON VCOB 01/14/2004