2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

FILED Apr 11, 2006 08:00 AM Secretary of State

DOCUMENT # P93000015523 1. Entity Name JFF TRUCKING, INC.			Secretary of State			
Principal Place of Business Mailing Address PO BOX 1043 PO BOX 1043 ANTHONY, FL 32617 ANTHONY, FL 32617						
DO NOT WRITE IN THIS SPACE 8. Name and Address of Current Registered Agent				04072006 4. FEI Numb 59-316 5. Certificate	No Chg-P	CR2E034 (11/05) Applied For Not Applicable \$8.75 Additional Fee Required
FEARNOW, JOHN F II 13420 NE 44TH CT ANTHONY, FL 32417			DO NOT WRITE IN THIS SPACE			
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, speed or printed name of registered agent and the I applicable. (NOTE: Registered Agent signature required when rebistable) DATE						
FILE NOWILL FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 7 Cust Fund Contribution.			icing \$5.	00 May Be ed to Fees		
TO. TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FEARNOW, JOHN F II 13420 NE 44TH CT ANTHONY, FL 32617	CTORS			Harasa	-34634
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FEARNOW, JANET 13420 NE 44TH CT ANTHONY, FL 32617	V00000504 828 04/26/06-80091-008 150.00				
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				in -	THIS SF	PACE
TITLE NAME STREET ADDRESS CITY-ST-TIP						
TITLE NAME STREET ADDRESS CITY-ST-TIP						
12. I hereby of indicated of the conchanged,	ertify that the information supplied with this fi on this report or suppliemental report is fine z poration or the receiver or trustee empowere or on an attachingent with an address, with gi	ling does not qualify for the exe and accurate and that my signati of to execute this report as requir other like empowered.	mptions contained are shall have the s ed by Chapter 607,	in Chapter 119 ame legal effec Florida Statute	Florida Statutes. I it as if made under o s, and that my name	further certify that the information ath; that I am an officer or director appears in Block 10 or Block 11 if

AND TYPED OR PRINTED NAME OF STONING DIFFICER OR DIRECTOR