2006 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 17, 2006 8:00 am Secretary of State 04-17-2006 90392 026 ***158.75 **DOCUMENT # P93000072869** 1. Entity Name CHELSEA TRANSPORT INC. 90021221 Principal Place of Business Mailing Address 150 W STATE ROAD 546 P. O. BOX 1477 HAINES CITY, FL 33847 US LAKE HAMILTON, FL 33851 US 2. Principal Place of Business 3. Mailing Address Suite Apt # etc Suite, Apt. #, etc. 01172006 Chg-P CR2E034 (11/05) City & State Applied For City & State 4. FEI Number 59-3206457 Not Applicable Zip 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 PEARCE, PATTY Street Address (P.O. Box Number is Not Acceptable) 150 SR 546 W LAKE HAMILTON, FL 33851 City Zip Code FL 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 lamiliar 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS Delete ☐ Change ☐ Addition TITLE TITLE PEARCE, KEVIN E NAME NAME 616 GOOD SPRINGS RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BRENTWOOD, TN 37027 CITY-ST-7/P ☐ Change Delete ☐ Addition TITLE TITLE PEARCE, SUSAN H NAME NAME 616 GOODSPRINGS RD STREET ADDRESS STREET ADDRESS BRENTWOOD, TN 37027 CITY-ST-ZIP CHY-SI-7P ☐ Change Addition ☐ Delete TITLE TITLE PEARCE, PATTY J NAME NAME STREET ADDRESS 273 RUBY LAKE LANE STREET ADDRESS WINTER HAVEN, FL 33884 CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TELE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-71P ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS 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 if changed, or on an attachment with an address. And all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED

4-14-04 615-376-6707