2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 25, 2006 08:00 AM Secretary of State

DOCUMENT # P94000002954 1. Entity Name K & N TRUCKING, INC.								
Principal Place 2710 LEWIS I DOVER, FL 3	RD.	2	ailing Address 710 LEWS RD. OVER, FL 33527 US		4 (582)(581 ())	n indi) elekt nevil belik en	171 BUNG BUNG HING	
DO NOT WRITE IN THIS SPACE 6. Name and Address of Current Registered Agent					D1052006 No Chg-P CRZE034 (11/05) 4. FEI Number Applied For Not Applied For Not Applied Status Desired S8.75 Additional Fee Required			
ACHILLICH, ALLAN 2710 LEWIS RD. DOVER, FL 33527				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, typed or printed name of registered agent and rite if epiphosis. (HOTE: Registered Agent signature required when recessating) OATE								
FILE NOW!!! FEE 1S \$150.00 After May 1, 2006 Fee will be \$550.00 \$. Election Campaign Finan Trust Fund Contribution.				nolng \$5.	.00 May Be led to Fees			
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CXTY-ST-ZIP TITLE NAME	DP ACHILLICH, ALLAN 2710 LEWIS RD. DOVER, FL	FFICERS AND DIREC	CTORS			UUUUU 02/02/06	0400514 80007-00	4 150 .00
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CHY-SI-ZIP THE NAME SINGET ADDRESS CHY-SI-ZIP				sh.				
12. Thereby certify that the information supplied with this filling does not quality 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 than my signature shall have the same legal effect as it 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, with all other like empowered. SIGNATURE: SIGNATURE AND TYPED OR PRINTED WAME OF SHOWING DEFICER OR DIRECTOR Date Date								