


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2007 08:00 AM
Secretary of State

DOCUMENT # P94000004117

1. Entity Name
PROFREIGHT TRANSPORTATION, INC.



Principal Place of Business
**1523 WEST BROADWAY ST.
 OVIEDO, FL 32765**

Mailing Address
**1523 WEST BROADWAY ST.
 OVIEDO, FL 32765**

DO NOT WRITE IN THIS SPACE



01082007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3223667 Applied For
 Not Applicable

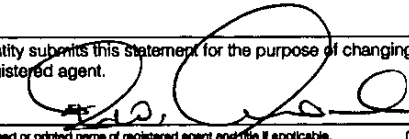
5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**STOCKHAMMER, R.W.
 856 BENTLEY GREEN CIRCLE
 WINTER SPRINGS, FL 32708**

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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 familiar with, and accept the obligations of registered agent.

SIGNATURE  **1/11/07**
Signature, typed or printed name of registered agent and the if applicable. (NOTE: Registered Agent signature required when re-registering) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

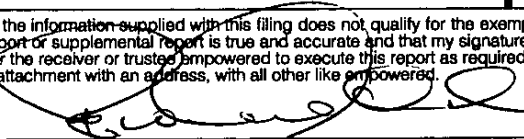
10. OFFICERS AND DIRECTORS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P STOCKHAMMER, R.W. 856 BENTLEY GREEN CIRCLE WINTER SPRINGS, FL 32708 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP STOCKHAMMER, SIGRID 856 BENTLEY GREEN CIRCLE WINTER SPRINGS, FL 32708 |
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 01/19/07-80053-007 150.00

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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, with all other like empowered.

SIGNATURE:  **1/11/07**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #