


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 23, 2007 08:00 AM
Secretary of State

DOCUMENT # P94000012163 1. Entity Name NATIONAL TRANSPORTATION CONSULTANTS, INC.	
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Principal Place of Business 481 LAKESHORE DR. LAKE MARY, FL 32746 US	Mailing Address 481 LAKESHORE DR. LAKE MARY, FL 32746 US
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DO NOT WRITE IN THIS SPACE



02172007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3226796	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent YOUNG, RONALD G 481 LAKESHORE DR. LAKE MARY, FL 32746	DO NOT WRITE IN THIS SPACE
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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 _____
Signature, typed or printed name of registered agent and title 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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP YOUNG, RONALD G. 481 LAKESHORE DR. LAKE MARY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST LUECKE, JUSTINE R 10000 GATE PKWY N. #516 JACKSONVILLE, FL 32246
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STROP, WILLIAM P.O. BOX 266 N/A ASTOR, FL 32102
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALLISON, ELIZABETH B P.O. BOX 266 N/A ASTOR, FL 32102
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHIVALETTE, JOHN R 104 VIA DE CASAS NORTE BOYNTON BEACH, FL 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUGHES, WAYMOND C 1445 CREVALLE AVE. MERRITT ISLAND, FL 32952

**DO NOT WRITE
IN THIS SPACE**

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03/05/07-80012-022 150.00

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: Ronald G. Young 2-17-07 407-321-5363
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #