2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000018149

Entity Name: JOE'S OVERLAND EXPRESS, INC.

FILED Mar 11, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

433 PLAZA DRIVE 433 PLAZA DRIVE

SUITE 4

TARPON SPRINGS, FL 34689 TARPON SPRINGS, FL 34689

New Mailing Address: Current Mailing Address:

100 GULFWINDS DRIVE WEST 433 PLAZA DRIVE

PALM HARBOR, FL 34683 TARPON SPRINGS, FL 34689

FEI Number: 59-3316971 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SLATER, FREDERICK M SLATER, FREDERICK M 100 GULFWINDS DRIVE WEST 433- PLAZA DRIVE

PALM HARBOR, FL 34683 TARPON SPRINGS, FL 34689 US

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.

SIGNATURE: 03/11/2009

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: (X) Change () Addition () Delete Title: SLATER, FREDERICK M SLATER, FREDERICK M Name: Name:

100 GULFWINDS DRIVE WEST 433- PLAZA DRIVE Address: Address:

City-St-Zip: PALM HARBOR, FL 34683 City-St-Zip: TARPON SPRINGS, FL 34689

() Delete Title: Title: (X) Change () Addition

Name: SLATER, EDITH M Name: SLATER, EDITH M 100 GULFWINDS DRIVE WEST 433- PLAZA DRIVE Address: Address:

PALM HARBOR, FL 34683 TARPON SPRINGS, FL 34689 City-St-Zip: City-St-Zip:

Title: (X) Change () Addition Title: () Delete

SLATER, JOSEPH J Name: SLATER, JOSEPH J Name: 100 GULFWINDS DRIVE WEST 433- PLAZA DRIVE Address: Address:

City-St-Zip: PALM HARBOR, FL 34683 City-St-Zip: TARPON SPRINGS, FL 34689

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EDITH M SLATER ST 03/11/2009