2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007
Secretary of State

DOCUMENT# P95000038736

Entity Name: APPAREL TRANSPORTATION, INC.

Current Principal Place of Business:

7200 CORPORATE CENTER DRIVE
#101
MIAMI, FL 33126 US

New Principal Place of Business:

9487 REGENCY SQUARE BLVD.
JACKSONVILLE, FL 32225 US

Current Mailing Address:

9487 REGENCY SQUARE BLVD.
JACKSONVILLE, FL 32225 US

New Mailing Address:

C/O BRUCE LOVE
9487 REGENCY SQUARE BLVD.
JACKSONVILLE, FL 32225 US

FEI Number: 65-0612534 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	D	( ) Delete
Name:	CROWLEY, THOMAS B JR	
Address:	155 GRAND AVE.	
City-St-Zip:	OAKLAND, CA 94612 US	
Title:	AT	( ) Delete
Name:	SWINTON, RICHARD L	
Address:	9487 REGENCY SQUARE BLVD.	
City-St-Zip:	JACKSONVILLE, FL 32225	
Title:	DVP	( ) Delete
Name:	SCHEPEN, RINUS	
Address:	9487 REGENCY SQ. BLVD.	
City-St-Zip:	JACKSONVILLE, FL	
Title:	VPT	( ) Delete
Name:	WARNER, DANIEL	
Address:	9487 REGENCY SQUARE BLVD.	
City-St-Zip:	JACKSONVILLE, FL 32225	
Title:	AT	( ) Delete
Name:	SALLAH, MOMODOU	
Address:	9487 REGENCY SQUARE BLVD.	
City-St-Zip:	JACKSONVILLE, FL 32225	
Title:	S	( ) Delete
Name:	LOVE, BRUCE	
Address:	9487 REGENCY SQUARE BLVD.	
City-St-Zip:	JACKSONVILLE, FL 32225	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	D	(X) Change ( ) Addition
Name:	CROWLEY, THOMAS B JR	
Address:	9487 REGENCY SQUARE BLVD.	
City-St-Zip:	JACKSONVILLE, FL 32225 US	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the 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: BRUCE LOVE S 04/26/2007

Electronic Signature of Signing Officer or Director — Date