


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**-Jan 29, 2005 08:00 AM
Secretary of State**

DOCUMENT # P96000078423 1. Entity Name TRUCK TRENDS INC.	
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Principal Place of Business 1757 NOVA RD SUITE 103 HOLLY HILL, FL 32117	Mailing Address 1757 NOVA RD SUITE 103 HOLLY HILL, FL 32117
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DO NOT WRITE IN THIS SPACE



01202005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3401008	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MORIARTY, LORIE 1757 NOVA RD SUITE 103 HOLLY HILL, FL 32117	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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing)</small>	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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		<p>UD00000203596 01/29/05-80038-002 150.00</p> <p>DO NOT WRITE IN THIS SPACE</p>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS USINA, VERNON 1757 NOVA RD., SUITE 103 HOLLY HILL, FL 32117	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT MORIARTY, ANDREW 1217 PARKSIDE AVE ORMOND BEACH, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date January 29, 2005 <small>Date</small>	586 7387750 <small>Daytime Phone #</small>
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