



2005 FOR PROFIT CORPORATION ANNUAL REPORT

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TALLAHASSEE, FLORIDA

DOCUMENT # P97000071597 1. Entity Name K L R TRUCKING INC					
Principal Place of Business 4236 LEO LANE, #223 PALM BEACH GARDENS, FL 33410 US				Mailing Address 4236 LEO LANE, #223 PALM BEACH GARDENS, FL 33410 US	
2. Principal Place of Business 4236 Leo Lane Suite, Apt. #, etc. #223		3. Mailing Address 4236 Leo Lane #223 Suite, Apt. #, etc. 223			
City & State Palm Beach Gardens FL		City & State Palm Beach FL		4. FEI Number 65-0781141	
Zip 33410		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CHULHAN, ALLAN 408 SW 10TH AVE BOYNTON BEACH, FL 33435				7. Name and Address of New Registered Agent Name NONE Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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: <u><i>Renata Allan</i></u> 6/14/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>					
FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P ALLAN, RENA 400 SW 10TH AVE BOYNTON BEACH, FL 33435		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V ALLAN, CHULAN 408 SW 10TH AVE. BOYNTON BEACH, FL 33435		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(X), 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: <u><i>Renata Allan</i></u> RENA ALLAN 6/14/05 561-8427317 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					