2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

May 01, 2006 08:00 AM Secretary of State DOCUMENT # P97000080429 1. Entity Name LEHIGH TRUCK RENTAL, INC. Principal Place of Business Mailing Address 800 ABRAMS BLVD. 800 ABRAMS BLVD. SUITE N-12 LEHIGH FL 33971 SUITE N-12 LEHIGH FL 33971 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) Applied For City & State City & State 4. FEI Number 65-0729862 Not Applicat Z∙p \$8.75 Additional Z≀p Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 5. Name and Address of Current Registered Agent Name MCGARY, LARRY Street Address (P.O. Box Number is Not Acceptable) 617 SW SANTA BARBARA PLACE CAPE CORAL FL 33991 Zip Code City 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 acces the obligations of registered agent. (NOTE Registered Agent signature required when revisitation) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May £ After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State CFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TATLE ☐ Delete TITLE Change Addition MCGARY, LARRY NAME NAME STREET ADDRESS 617 SW SANTA BARBARA PL STREET ADDRESS CITY-ST-71P CITY-ST-ZIP CAPE CORAL FL 33991 Chance. T ALC: POST Delete TITLE THILE U00000548822 NAME MARAT MCGARY, PATRICIA 05/12/06-80077-023 150.00 STREET ADDRESS 817 SW SANTA BARBARA PL STREET ADDRESS CITY-ST-ZIP CAPE CORAL FL 33991 CITY-ST-ZIP ☐ Chance □ A##** TIME ☐ Delete 510:5 NAME NAME STREES ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ A..." ☐ Detete TITLE Change NAME NAME STREET ADDRESS SIRFE LADDRESS CITY-ST-ZIP CITY ST-ZIP ☐ A./:" ☐ Delete ☐ Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change □ Adam; 113) F Delete THEF NAME NAME STREET AUDRESS STREET ADDRESS CITY-ST-ZIP CHY-\$1-215 12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 eath, that I am an officer or directed 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 it changed, or on an attachment with an address, with all other like empowered.

FILED

ME GARY Vic PAES 4-25-06 239-693-65.