2005 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

changed, or on an attachment with an address, with all other like empowered.

SQNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

Mar 04, 2005 8:00 am Secretary of State DOCUMENT # P97000104594 1. Entity Name 03-04-2005 90089 009 ***150.00 MANN TRANSPORTATION GROUP, INC. Principal Place of Business Mailing Address 6839 NARCOOSSEE RD P.O. BOX 720609 ORLANDO FL 32872 SUITE 45 ORLANDO FL 32822 2. Principal Place of Business 8281 - LK - Underhill Rd 3. Mailing Address 8281 LK. Unterhill Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State Oftwas State 4. FEI Number Applied For 59-3482068 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MANN, GARY M Street Address (P.O. Box Number is Not Acceptable) 8281 LAKE ONDERHILL ROAD ORLANDO FL 32825 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 regictered agent. 2.28.05 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10 11. ASS. UP TITLE TITLE **□** Addition Delete ☐ Change RUSSO, ALLISON 8281 CK. UNDERHILL RD MANN, GARY M NAME NAME P.O. BOX 720609 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32872 CITY-ST-ZIP ORIANDOFL 32825 ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Detete TITLE Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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)(i), 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

FILED

Davime Phone #