


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2006 8:00 am
Secretary of State

02-28-2006 90013 005 ***150.00

DOCUMENT # P97000104594	
1. Entity Name MANN TRANSPORTATION GROUP, INC.	

Principal Place of Business 8281 LK UNDERHILL ROAD ORLANDO, FL 32825 US	Mailing Address 8281 LK UNDERHILL ROAD ORLANDO, FL 32825 US
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2. Principal Place of Business 9808 SW 90th Street Suite, Apt. #, etc.	3. Mailing Address 9808 SW 90th St Suite, Apt. #, etc.
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City & State Gainesville, FL	City & State Gainesville, FL
Zip 32608	Country Alachua

6. Name and Address of Current Registered Agent MANN, GARY M 8281 LAKE ONDERHILL ROAD ORLANDO, FL 32825	
7. Name and Address of New Registered Agent Name Mann, Gary Street Address (P.O. Box Number is Not Acceptable) 9808 SW 90th Street City Gainesville FL Zip Code 32608	

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 GARY MANN PRESIDENT	DATE 02-27-06

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MANN, GARY M P.O. BOX 720609 ORLANDO, FL 32872 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Mann, Gary 9808 SW 90th Street Gainesville, FL 32608 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AV RUSSO, ALLISON 8281 LK UNDERHILL ROAD ORLANDO, FL 32825 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	AVP MANN, ALLISON 9808 SW 90th St Gainesville, FL 32608 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: GARY MANN PRESIDENT	DATE 2/22/06 DAYTIME PHONE # 321-388-5785