2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 28, 2005 08:00 AM Secretary of State DOCUMENT # P98000028568 1. Entity Name TARGET TRANSPORT, INC. Mailing Address Principal Place of Business PO BOX 493033 30320 SPRINGWATER CIRCLE LEESBURG, FL 34748 LEESBURG, FL 34749-3033 02162005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3506628 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SUMMERS, GARY L DO NOT WRITE 380 WALFRED ST TAVARES, FL 32778 IN THIS SPACE 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-instating) DATE **\$5.00** May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. 04/28/05-90117-004 150.00 TITLE FULLER, G. KENT NAME 30320 SPRINGWATER CIRCLE STREET ADDRESS CITY-ST-ZIP LEESBURG, FL 34748 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP DITLE 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)(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 chapter or or an attachment with an address, with all other like empowered

SIGNATURE:

TITLE NAME STREET ADDRESS CITY-ST-ZIP

CER OR DIRECTO

FILED