


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2006 8:00 am
Secretary of State

02-15-2006 90027 008 ***150.00

DOCUMENT # P98000055548
 1. Entity Name
 COYABA TRUCKING, INC.



Principal Place of Business
 3725 LONE PINE ROAD
 DELRAY BEACH, FL 33445

Mailing Address
 3725 LONE PINE ROAD
 DELRAY BEACH, FL 33445



2. Principal Place of Business
 426 Parkway Road
 Suite Apt. # etc

3. Mailing Address
 3500 NW Boca Raton Blvd.
 Suite Apt. #, etc
 905

01182006 Chg-P CR2E034 (11/05)

City & State
 Tullahoma, TN

City & State
 Boca Raton, FL

4. FEI Number
 65-0845078

Applied For
 No: Applicable

Zip
 37388

Country
 USA

Zip
 33431

Country
 USA

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 RUTH CONRAD C
 3725 LONE PINE ROAD
 DELRAY BEACH, FL 33445

7. Name and Address of New Registered Agent
 Name
 John S. Van der Lyn
 Street Address (P.O. Box Number is Not Acceptable)
 3500 N.W. Boca Raton Blvd
 #905
 City
 Boca Raton FL Zip Code
 33431

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  John S. Van der Lyn DATE 1/18/06

Signature, Word or Printed Name of registered agent and fee applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution: \$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	DP RUTH, CONRAD C 3725 LONE PINE ROAD DELRAY BEACH, FL 33445 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 426 Parkway Road Tullahoma, TN, 37388
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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  Susan Ruth DATE 2/13/06 (508) 685-8062

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR