

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90822 041 ***150.00

DOCUMENT # P98000091297 1. Entity Name SWIFT DELIVERY, INC.			
Principal Place of Business 7667 W. SAMPLE RD. SUITE 186 CORAL SPRINGS, FL 33065		Mailing Address 7667 W. SAMPLE RD. SUITE 186 CORAL SPRINGS, FL 33065	
2. Principal Place of Business - No P.O. Box # 1440 CORAL Ridge DRIVE Suite, Apt. #, etc. 424		3. Mailing Address 1440 CORAL Ridge Drive Suite, Apt. #, etc. 424	
City & State CORAL SPRINGS, FL		City & State CORAL SPRINGS, FL	
Zip 33071	Country USA	Zip 33071	Country USA
4. FEI Number 65-0872729		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SMITH, ORVILLE 7667 W. SAMPLE RD., #186 CORAL SPRINGS, FL 33065		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1440 CORAL Ridge DRIVE, #424 City CORAL SPRINGS FL Zip Code 33071	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D NAME SMITH, ORVILLE STREET ADDRESS 7667 W. SAMPLE RD., #186 CITY-ST-ZIP CORAL SPRINGS, FL 33065	<input type="checkbox"/> Delete	TITLE 1440 CORAL Ridge Drive NAME #424 STREET ADDRESS CORAL SPRINGS, FL CITY-ST-ZIP 33071	<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:		Date 4/26/07	Daytime Phone # 9549143855