2007 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 19, 2007 08:00 AM **DOCUMENT # P99000021812 Secretary of State** C. H. GREEN FUEL TRANSPORT, INC. Principal Place of Business Mailing Address **4708 WESTWIND DRIVE 4708 WESTWIND DRIVE** PLANT CITY, FL 33567 PLANT CITY, FL 33567 No Chg-P CR2E034 (11/05) 03142007 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3562531 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE GREEN, JEAN C 4708 WESTWIND DRIVE PLANT CITY, FL 33567 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. (NOTE: Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS SD TITLE GREEN, JEAN C. NAME STREET ADDRESS 4708 WESTWIND DRIVE PLANT CITY, FL 33567 C/TY-ST-7IP TITLE GREEN, CHARLES H. U00000671041 NAME 4708 WESTWIND DRIVE STREET ADDRESS 03/28/07-80013-007 158.75 PLANT CITY, FL 33567 CITY-ST-ZIP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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!

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRE

3-15-07

-813-754-930

FILED