

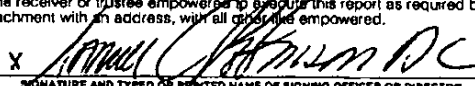


**FILED**  
**Aug 20, 2007 8:00 am**  
**Secretary of State**

08-20-2007 90055 010 \*\*\*150.00

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # P99000091664</b>		
1. Entity Name C.B.A. TRANSPORT, INC.		
Principal Place of Business 2396 N. EDGEWOOD AVE., SUITE 2 EAST JACKSONVILLE, FL 32254	Mailing Address 2396 N. EDGEWOOD AVE., SUITE 2 EAST JACKSONVILLE, FL 32254	
<b>DO NOT WRITE IN THIS SPACE</b>		
		40129641 
		07102007 No Chg-P CR2E034 (11/05)
		4. FEI Number 59-3612246
		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 EGAN, JAMES J 4950 BEACH BOULEVARD JACKSONVILLE, FL 32207		<b>DO NOT WRITE IN THIS SPACE</b>
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 re-registering)</small> DATE _____		
<b>FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBINSON, JAMES 2396 N. EDGEWOOD AVE., SUITE 2 EAST JACKSONVILLE, FL 32254	
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<b>DO NOT WRITE IN THIS SPACE</b>		
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: X  X 7-15-07 X 904 7855829 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		