2006 FOR PROFIT CORPORATION

FILED ANNUAL REPORT Feb 01, 2006 08:00 AN DOCUMENT # V24419 **Secretary of State** 1. Entity Name TOM SCOTT TRUCKING, INC. Mailing Address Principal Place of Business P O BOX 187 P O BOX 187 PALM HARBOR, FL 34682 PALM HARBOR, FL 34682 CR2E034 (11/05) 01142006 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3110834 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE SCOTT, THOMAS W. 2311 NEBRASKA AVE PALM HARBOR, FL 34683 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 famillar with, and accept the obligations of registered agent. SIGNATURE. DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing П Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. DP TITLE NAME SCOTT, THOMAS W. 2311 NEBRASKA AVE STREET ADDRESS CITY-ST-ZIP PALM HARBOR, FL U00000415338 02/11/06-80078-001 150.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS

12. I horeby certify that the Information supplied with this filling 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:

CITY-51-7/P TITLE NAME STREET ADDRESS CITY-SI-ZIP THE NAME STREET ADDRESS CITY-ST-ZIP

Javiuse Phone #