
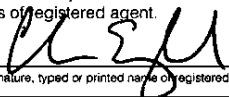
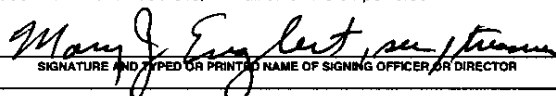


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2005 8:00 am
Secretary of State

01-18-2005 90104 013 ***150.00

DOCUMENT # V36747 1. Entity Name ALL FREIGHT INTERNATIONAL INC.					
Principal Place of Business 6885 BELFORT OAKS PLACE SUITE 230 JACKSONVILLE, FL 32216 US			Mailing Address 1228 HARRISON PT TRAIL AMELIA ISLAND, FL 32034		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3121937	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ENGLERT, MARY JOYCE 1228 HARRISON PT TRAIL AMELIA ISLAND, FL 32034			7. Name and Address of New Registered Agent Name Englert, Curtis H. Street Address (P.O. Box Number is Not Acceptable) 6885 Belfort Oaks Pl. #230 City Jacksonville, FL Zip Code 32216		
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:  President/CEO DATE: 1/10/05 <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, 2005 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 NAME STREET ADDRESS CITY-ST-ZIP	P ENGLERT, CURTIS H 13832 HARBOR CREEK PL JACKSONVILLE, FL 32224 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Englert, Curtis H 29 N. Roscoe Boulevard Ponte Vedra Beach, FL. 32082	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ENGLERT, JOHN V 1228 HARRISON PT TRAIL AMEILA ISLAND, FL 32034 <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	VP ENGLERT, KELLY E 13832 HARBOR CREEK PL JACKSONVILLE, FL 32034 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Englert, Kelly E 29 N. Roscoe Boulevard Ponte Vedra Beach, FL. 32082	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST ENGLERT, MARY J 1228 HARRISON POINT TRAIL AMELIA ISLAND, FL 32034 <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 exemption stated in Section 119.07(3)(i), 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: 			1-10-2005 904-491-0413 Date Daytime Phone #		