

*Amended*  
**2005 FOR PROFIT CORPORATION  
 ANNUAL REPORT**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                       |                                                                                                                                              |                                                                                                   |
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| <b>DOCUMENT # V71950</b><br>1. Entity Name<br><b>VALUE TRANSPORTATION SERVICES, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                       |                                                             | <b>FILED</b><br>05 DEC 27 AM 10:45<br>OFFICE OF THE<br>CLERK OF THE STATE<br>TALLAHASSEE, FLORIDA |
| Principal Place of Business<br><b>0915 E BROADWAY 2453 Paul S. Buchner<br/>         TAMPA, FL 33610 2453<br/>         33540</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                       | Mailing Address<br><b>0915 E BROADWAY 8235 RiverCountry Dr<br/>         TAMPA, FL 33619 Spring Hill, FL 34607</b>                            |                                                                                                   |
| <b>DO NOT WRITE IN THIS SPACE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                       |                                                                                                                                              |                                                                                                   |
| 4. Name and Address of Current Registered Agent<br><b>FOWLER, CLIFTON G LUSTY, STEVEN E<br/>         3009 AVAION TERRACE DR 8235 RiverCountry Dr<br/>         VALRICO, FL 33504 Spring Hill, FL 34607</b>                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                       | <b>DO NOT WRITE<br/>         IN THIS SPACE</b>                                                                                               |                                                                                                   |
| 2. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, to the State of Florida. I am familiar with, and accept the obligations of registered agent.                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                       |                                                                                                                                              |                                                                                                   |
| SIGNATURE _____ DATE _____<br><small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent's signature required when submitting)</small>                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                       |                                                                                                                                              |                                                                                                   |
| <b>FILE NOW!! FEE IS \$150.00<br/>         After May 1, 2005 Fee will be \$350.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                       | 3. Election Campaign Financing<br>Trust Fund Contribution <input checked="" type="checkbox"/> <b>\$5.00 May Be<br/>         Added to Fee</b> |                                                                                                   |
| <b>TO: OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                       | <b>DO NOT WRITE<br/>         IN THIS SPACE</b>                                                                                               |                                                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>P FOWLER, CLIFTON G LUSTY, STEVEN E<br/>         3009 AVAION TERRACE DRIVE 8235 RiverCountry Dr<br/>         VALRICO, FL Spring Hill, FL 34607</b> |                                                                                                                                              |                                                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>G ROWELL, RONDA<br/>         3013 FORT MEADE<br/>         PLANT CITY, FL 33522</b>                                                                 |                                                                                                                                              |                                                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>DO NOT WRITE<br/>         IN THIS SPACE</b><br><br><i>Mark</i>                                                                                     |                                                                                                                                              |                                                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                       |                                                                                                                                              |                                                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                       |                                                                                                                                              |                                                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                       |                                                                                                                                              |                                                                                                   |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information presented 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 attach. |                                                                                                                                                       |                                                                                                                                              |                                                                                                   |
| SIGNATURE: <i>Handwritten Signature</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                       | Date: <b>12/22/05</b> <b>352-592-8100</b><br><small>Double Page #</small>                                                                    |                                                                                                   |