

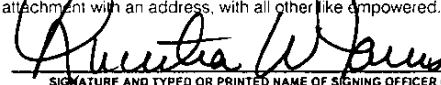


2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # L32857						<p>FILED</p> <p>06 MAY 26 PM 3: 43</p> <p>SECRETARY OF STATE TALLAHASSEE, FLORIDA</p>		
1. Entity Name FARRIS TRUCKING, INC.								
Principal Place of Business C/O HARRY FARRIS 4602 HWY 273 P.O. BOX 232 GRACEVILLE, FL 32440			Mailing Address C/O HARRY FARRIS 4602 HWY 273 P.O. BOX 232 GRACEVILLE, FL 32440					
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.						
City & State		City & State		4. FEI Number 59-3011138		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable		
Zip		Country		Zip		Country		
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required				
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent				
FARRIS, HARRY 4602 HWY 273 GRACEVILLE, FL 32440				Name				
				Street Address (P.O. Box Number is Not Acceptable)				
				City				
				FL		Zip Code		
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>								
Amended AR is \$61.25			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees		000076158420 13/06--01047--001 **\$61.25	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
NAME	FARRIS, HARRY			NAME	Christopher W. Hill			
STREET ADDRESS	4602 HWY 273			STREET ADDRESS	1205 Underwood Road			
CITY-ST-ZIP	GRACEVILLE, FL			CITY-ST-ZIP	Graceville FL 32440			
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
NAME	FARRIS, LUCRETIA			NAME	Clifford D. Owens			
STREET ADDRESS	4602 HWY 273			STREET ADDRESS	3312 Hwy 2			
CITY-ST-ZIP	GRACEVILLE, FL			CITY-ST-ZIP	Bonifay FL 32425			
TITLE	V	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	SARGENT, DONALD			NAME				
STREET ADDRESS	20496 NORTHEAST BRIDGE AVENUE							
CITY-ST-ZIP	BLOUNTSTOWN, FL 32424							
TITLE	V	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	WARD, KEVIN R			NAME				
STREET ADDRESS	1177 1ST AVE							
CITY-ST-ZIP	GRACEVILLE, FL 32440							
TITLE	V	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	DUPRES, WAYNE			NAME				
STREET ADDRESS	1128 BUDDY ROAD							
CITY-ST-ZIP	CHIPLEY, FL 32428							
TITLE	AS	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	JORDAN, VICKI L			NAME				
STREET ADDRESS	429 WOLFPEN ROAD							
CITY-ST-ZIP	SLOCOMB, AL 36375							
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: 				Date: 5/24/06		Daytime Phone #: 880-263-7927		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>								