


2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P05000065020 1. Entity Name BALLARD TRUCKING, INC.	
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FILED

06 JUL 27 PM 2:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 7005 BRUSHEY POND RD GRAND RIDGE, FL 32442	Mailing Address P.O. BOX 507 GENEVA, AL 36340
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address 7005 Brushey Pond Rd. Suite, Apt. #, etc.
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07062006 Chg-P CR2E034 (11/05)

City & State GRAND RIDGE FL	4. FEI Number 20-2776120	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
Zip Country 32442 USA	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent ELLENBURG, LISA 1136 ENGLISH LN WESTVILLE, FL 32464	7. Name and Address of New Registered Agent Name BALLARD, ROBERT Street Address (P.O. Box Number is Not Acceptable) 7005 BRUSHEY POND RD. 7005 BRUSHEY POND RD. City State Zip Code GRAND RIDGE FL 32442
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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: Robert D Ballard DATE: _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Amended AR is \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input type="checkbox"/> Delete BALLARD, ROBERT D	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	7005 BRUSHEY POND RD	NAME	200078380952
STREET ADDRESS	GRAND RIDGE, FL 32442	STREET ADDRESS	08/04/06--01043--027 **150.00
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: Robert D Ballard Date: 7-17-06 (850) 592-4682

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #