

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2006 8:00 am**  
**Secretary of State**

04-28-2006 90198 049 \*\*\*150.00

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| <b>DOCUMENT # F00000003002</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                 |                                                                                                              |                                                                                                                                                                                                                          |                                                                                                                                                                |  |
| <b>1. Entity Name</b><br>INTELOGISTICS CORP.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                 |                                                                                                              |                                                                                                                                                                                                                          |                                                                                                                                                                |  |
| <b>Principal Place of Business</b><br>8411 W OAKLAND PARK BLVD<br>STE 300<br>SUNRISE, FL 33351                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                 |                                                                                                              | <b>Mailing Address</b><br>8411 W OAKLAND PARK BLVD<br>STE 300<br>SUNRISE, FL 33351                                                                                                                                       |                                                                                                                                                                |  |
| <b>2. Principal Place of Business</b><br>855 SW 78 Ave<br>Suite, Apt. #, etc.<br>Ste. 100<br>City & State<br>Plantation, FL<br>Zip<br>33324                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                 | <b>3. Mailing Address</b><br>Suite, Apt. #, etc.<br>City & State<br>City<br>Plantation<br>Zip<br>33324       |                                                                                                                                                                                                                          |                                                                                                                                                                |  |
| 4. FEI Number<br>65-0851351                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                 | Applied For<br>Not Applicable                                                                                |                                                                                                                                                                                                                          |                                                                                                                                                                |  |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                 | \$8.75 Additional Fee Required                                                                               |                                                                                                                                                                                                                          |                                                                                                                                                                |  |
| <b>6. Name and Address of Current Registered Agent</b><br>CT CORPORATION SYSTEM<br>INTELOGISTICS CORP.<br>8411 W. OAKLAND PARK BLVD. SUITE 300<br>FORT LAUDERDALE, FL 33351                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                 |                                                                                                              | <b>7. Name and Address of New Registered Agent</b><br>Name<br>Vida Momkus Jasaitis<br>Street Address (P.O. Box Number is Not Acceptable)<br>855 SW 78th Ave., Suite 100<br>City<br>Plantation<br>FL<br>Zip Code<br>33324 |                                                                                                                                                                |  |
| 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 <u>Vida Momkus Jasaitis</u> DATE <u>4/27/06</u><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                 |                                                                                                              |                                                                                                                                                                                                                          |                                                                                                                                                                |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2006 Fee will be \$550.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |                                                                                                                                                                                                                          |                                                                                                                                                                |  |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                 |                                                                                                              | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>                                                                                                                                                             |                                                                                                                                                                |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | D<br>SAINT MLEUX, ANDRE<br>150 RUE GALLIENI<br>BILLANCOURT, FRANCE, 92100       | <input type="checkbox"/> Delete                                                                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                              |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | DCEO<br>DOURASSOFF, NICOLAS<br>311 AIRDALE ROAD<br>BRYN MAWR, PA 19010          | <input type="checkbox"/> Delete                                                                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                           | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>855 SW 78 Ave., Suite 100<br>Plantation, FL 33324                              |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | DT<br>SATRE, GERARD<br>323 ORCHARD WAY<br>MERION STATION, PA 19066              | <input checked="" type="checkbox"/> Delete                                                                   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                           | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br>T<br>Alice Grand-Cavin<br>855 SW 78 Ave., Suite 100<br>Plantation, FL 33324    |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | S<br>QUINTIN, I YVES<br>SUITE 4200, ONE LIBERTY PLACE<br>PHILADELPHIA, PA 19103 | <input checked="" type="checkbox"/> Delete                                                                   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                           | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br>S<br>Vida Momkus Jasaitis<br>855 SW 78 Ave., Suite 100<br>Plantation, FL 33324 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete                                                 | <input type="checkbox"/> Delete                                                                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                              |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete                                                 | <input type="checkbox"/> Delete                                                                              | TITLE<br>NAME<br>STREET ADDRESS<br>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 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: <u>Vida Momkus Jasaitis (Vida Momkus Jasaitis)</u> DATE <u>4/27/06 (9A) 480-6717</u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #</small>                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                 |                                                                                                              |                                                                                                                                                                                                                          |                                                                                                                                                                |  |

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