## **2006 FOR PROFIT CORPORATION ANNUAL REPORT**

## DOCUMENT # F01000001443

1. Entity Name



FILED
May 01, 2006 8:00 am
Secretary of State
05-01-2006 90422 027 \*\*\*150.00

		LOGY GROUP INC.	No.		03-01-2006 90-		130.00	,
Principal Place of Business 4701 HEDGEMORE DRIVE CHARLOTTE, NC 28209 US		Mailing Address 9906 GULF FREEWAY ATTN: MELINDA YARBROUGH HOUSTON, TX 77034 US			<b></b>	1 <b>83</b> 121 <b>8828</b> 1 16831		<b>     </b>
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04192006	Chg-P	CR2E03	4 (11/05)	
City & State		City & State		4. FEI Numb 94-337				oplied For ot Applicable
Zip	Country	Zip	Country	5. Certificate	of Status Desired		8.75 Add ee Require	
	6. Name and Address of Current	Registered Agent		7. Name and	Address of New R	egistered Ag	gent	
C T COPPODATION SYSTEM			Name					
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		Street Address		ess (P.O. Box Numb	er is Not Acceptable	•)		
' = " ' ' ' ' ' ' ' '	.011, 12 00021							
			City			FL	Zip Cod	e
	named entity submits this statement fo	r the purpose of changing its reg	gistered office or reg	gistered agent, or bo	th, in the State of Flo	rida. I am fa	miliar with,	and accept
SIGNATURE.	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Re	egistered Agent signature re	equired when reinstating)		DATE		<del></del>
		6 Floation Compaign	Fii	<b>AF 00</b>				
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.0	9. Election Campaign Trust Fund Contribu	~ —	\$5.00 May Be Added to Fees				
After M	ay 1, 2006 Fee will be \$550.0	Trust Fund Contribu	ution.	Added to Fees	(CHANGES TO OFF	ICERS AND I	NEFCTOR	S IN 11
After M		Trust Fund Contribu	11.	Added to Fees	/CHANGES TO OFF		_	
After M	ay 1, 2006 Fee will be \$550.0	Trust Fund Contribu	ution.	Added to Fees	CHANGES TO OFF		DIRECTOR:	S IN 11
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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: #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #