2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000001586

Entity Name: DAVISLOGIC, INC.

FILED Mar 18, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 10025 MAPLE AVENUE COLUMBIA, MD 21046 **Current Mailing Address: New Mailing Address:** 10025 MAPLE AVENUE COLUMBIA, MD 21046 FEI Number: 52-2203819 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: WRIGHT, DIANNE C/O DG WRIGHT CONSULTANTS 6619 S DIXIE HWY MIAMI, FL 33143 US 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: VPST () Delete Title: (X) Change () Addition DAVIS, WENDY L DAVIS, WENDY L Name: Name: 10025 MAPLE AVENUE 10025 MAPLE AVENUE Address: Address: City-St-Zip: COLUMBIA, MD 21046 City-St-Zip: COLUMBIA, MD 21046 Title: Title: () Delete () Change () Addition Name: DAVIS, STEVEN C Name: 10025 MAPLE AVENUE Address: Address: COLUMBIA, MD 21046 City-St-Zip: City-St-Zip: Title: Title: () Delete (X) Change () Addition DAVIS, STEVEN C LAVALLA, PATRICK Name: Name: 10025 MAPLE AVE 4537 FOXHALL DRIVE, NE Address: Address: COLUMBIA, MD 21046 City-St-Zip: OLYMPIA, WA 98516 City-St-Zip: Title: VTS (X) Delete Title: () Change () Addition DAVIS, WENDY L Name: Name: Address: 10025 MAPLE AVE. Address: City-St-Zip: COLUMBIA, MD 21046 City-St-Zip: Title: Title: () Delete () Change () Addition PITSENBERGER, BOBBIE Name: Name: 619 E DUPONT RD, STE 305 Address: Address: City-St-Zip: FORT WAYNE, IN 46825 City-St-Zip: Title: (X) Delete Title: () Change () Addition WRIGHT, DIANNE G Name: Name: 6619 S. DIXIE HWY, #107 Address: Address: City-St-Zip: City-St-Zip: MIAMI, FL 33143

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WENDY L DAVIS V 03/18/2007