2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 03, 2008 08:00 A Secretary of State DOCUMENT # F06000002346 1. Entity Name SUPPLYLOGIC, INC. Mailing Address Principal Place of Business 50 KARL AVE., STE. 303 50 KARL AVE., STE. 303 SMITHTOWN, NY 11787 SMITHTOWN, NY 11787 02112008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 03-0588062 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CORPORATION, SERVICE, COMPANY DO NOT WRITE 1201 HAYS ST. TALLAHASSEE, FL 32301 IN THIS SPACE 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 age (NOTE: Registered Agent signature required when reinstating) H00000844716 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 3/13/08-80008-019 150**.**00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS CPS TITLE SHERLOCK, KEVIN F. STREET ADDRESS 3 HAWKS NEST CITY -ST-ZIP NISSEQUOQUE, NY 11780 SILVERMAN, BENEDICT A. STREET ADDRESS 51 SHERMAN HILL RD., BLDG. A, STE. A 104-C CITY - ST - ZIP WOODBURY, CT 06798 TITLE DWYER, KEVIN 21 PEALE RD. STREET ADDRESS DO NOT WRITE CITY-ST-ZIP MANHASSET, NY 11030 IN THIS SPACE TITLE ROSOVICH, ROBERT STREET ADDRESS 36 N. SHERIDAN AVE. BETHPAGE, NY 11714 City ST-TITLE 4 NAME . STREET, ADDRESS CITY-9 - ZIP

12. I hereby certify that the information supplied with this filling 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:

NAME STREET ADDRESS CITY - ST- ZIP

NTED NAME OF SIGNING OFFICER OR DIRECTOR