2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2008
Secretary of State

DOCUMENT# F07000003842

Entity Name: LOGISTICS SOLUTIONS GROUP, INC.

Current Principal Place of Business:

4102 A OAKLAWN BOULEVARD
HOPEWELL, VA 23860

New Principal Place of Business:

4102 A OAKLAWN BOULEVARD
HOPEWELL, VA 238606514

Current Mailing Address:

4102 A OAKLAWN BOULEVARD
HOPEWELL, VA 23860

New Mailing Address:

4102 A OAKLAWN BOULEVARD
HOPEWELL, VA 238606514

FEI Number: 54-1958423 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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:

Title: PC ( ) Delete
Name: NAVARRO, RAMON
Address: 5301 COPPERFIELD DRIVE
City-St-Zip: PRINCE GEORGE, VA 23875

Title: VPD ( ) Delete
Name: FRAZER, PATRICIA Y
Address: 14101 SPRUCE AVENUE
City-St-Zip: CHESTER, VA 23831

Title: SD ( ) Delete
Name: NAVARRO, DONNA J
Address: 5301 COPPERFIELD DRIVE
City-St-Zip: PRINCE GEORGE, VA 23875

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: SVP (X) Change ( ) Addition
Name: FRAZER, JOSEPH R
Address: 14101 SPRUCE AVENUE
City-St-Zip: CHESTER, VA 23831

Title: D (X) Change ( ) Addition
Name: FRAZER, PATRICIA Y
Address: 14101 SPRUCE AVENUE
City-St-Zip: CHESTER, VA 23831

Title: SD ( ) Change (X) Addition
Name: NAVARRO, DONNA J
Address: 5301 COPPERFIELD DRIVE
City-St-Zip: PRINCE GEORGE, VA 23875

I hereby certify that the information supplied with this filing does not qualify 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: RAMON NAVARRO PC 04/10/2008
Electronic Signature of Signing Officer or Director — Date