

# 2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# F99000004979

**FILED**  
**Mar 09, 2007**  
**Secretary of State**

**Entity Name:** ADVANCED LOGISTICS MANAGEMENT, INC.

## Current Principal Place of Business:

2950 GLADES CIRCLE  
# 12  
WESTON, FL 33327

## New Principal Place of Business:

2950 GLADES CIRCLE  
# 12  
WESTON, FL 33327 US

## Current Mailing Address:

1709 SUNSET ISLES ROAD  
FORT PIERCE, FL 34949

## New Mailing Address:

1709 SUNSET ISLES ROAD  
FORT PIERCE, FL 34949 US

**FEI Number:** 23-2703291

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

## Name and Address of Current Registered Agent:

MCGARY, CAROLE A  
1709 SUNSET ISLES ROAD  
FORT PIERCE, FL 34949 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

## OFFICERS AND DIRECTORS:

Title: O ( ) Delete  
Name: MCGARY, BRIAN D  
Address: 15960 WEST WIND CIRCLE  
City-St-Zip: SUNRISE, FL 33326

Title: O ( ) Delete  
Name: MCGARY, SEAN G  
Address: 15960 WEST WIND CIRCLE  
City-St-Zip: SUNRISE, FL 33326

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

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

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: MCGARY, CAROLE A P  
Address: 1709 SUNSET ISLES ROAD  
City-St-Zip: FT PIERCE, FL 34949

Title: VP (X) Change ( ) Addition  
Name: MCGARY, BRIAN D VP  
Address: 15960 WEST WIND CIRCLE  
City-St-Zip: SUNRISE, FL 33326 US

Title: T ( ) Change (X) Addition  
Name: MCGARY, SEAN G T  
Address: 15960 WEST WIND CIRCLE  
City-St-Zip: SUNRISE, FL 33326 US

Title: S ( ) Change (X) Addition  
Name: MCGARY, STEVEN J S  
Address: 1709 SUNSET ISLES RD  
City-St-Zip: FT PIERCE, FL 34949 US

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: CAROLE MCGARY

P

03/09/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date