2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2008
Secretary of State

DOCUMENT# F99000004979

Entity Name: ADVANCED LOGISTICS MANAGEMENT, INC.

Current Principal Place of Business:

2950 GLADES CIRCLE
12
WESTON, FL 33327 US

New Principal Place of Business:

Current Mailing Address:

1709 SUNSET ISLES ROAD
FORT PIERCE, FL 34949 US

New Mailing Address:

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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

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

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: STEVEN MCGARY S 01/08/2008

Electronic Signature of Signing Officer or Director Date