


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 10, 2006 8:00 am
Secretary of State

05-10-2006 90091 023 ***150.00

DOCUMENT # G27920
 7. Entity Name
LOGICAL SOLUTIONS RESEARCH & DEVELOPMENT, INC.



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| Principal Place of Business 9520 OAKWOOD DR LAKE WALES, FL 33898 US | Mailing Address 9520 OAKWOOD DR LAKE WALES, FL 33898 US |
|--|--|

60037378



04282006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

| | |
|---|-------------------------------|
| 4. FEI Number 59-2296363 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

8. Name and Address of Current Registered Agent
**SCHINDLER, KURT M.
 9520 OAKWOOD DR
 LAKE WALES, FL ~~33859~~ 33898**

DO NOT WRITE 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 agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

| | |
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| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|--|---|

10. OFFICERS AND DIRECTORS

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP SCHINDLER, KURT M. 9520 OAKWOOD DR LAKE WALES, FL 33898 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | STD SCHINDLER, SANDRA L. 9520 OAKWOOD DR LAKE WALES, FL 33898 |
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DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing 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: *Sandra L. Schindler, STD* Sandra L. Schindler 4/28/06 (863) 696-7575
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #