2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2005
Secretary of State

DOCUMENT# K16752

Entity Name: CYCLE LOGICAL DISTRIBUTORS, INC.

Current Principal Place of Business:

% A. ROBERT CUMMING
3233 S.W. 42ND AVE.
PALM CITY, FL 34990

New Principal Place of Business:

Current Mailing Address:

% A. ROBERT CUMMING
3233 SW 42ND AVE
PALM CITY, FL 34990 US

New Mailing Address:

FEI Number: 65-0034781 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CUMMING, A. ROBERT
3233 SW 42ND AVE
PALM CITY, FL 34990 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: DPT ( ) Delete
Name: CUMMING, A. ROBERT,
Address: 12901 SE LAUEL VALLEY LANE
City-St-Zip: HOBE SOUND, FL 33455

Title: DVS ( ) Delete
Name: CUMMING, ANDREA J.
Address: 12901 SE LAUEL VALLEY LANE
City-St-Zip: HOBE SOUND, FL 33455

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 for the exemption stated in Section 119.07(3)(i), 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: A. ROBERT CUMMING PRES 01/11/2005

Electronic Signature of Signing Officer or Director — Date