2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # L53006

1. Entity Name
LOGISTIC RESOURCES INTERNATIONAL, INC.

Principal Place of Business	Mailing Address
14034 MICOSUKEE TRAIL	14034 MICOSUKEE TRAIL
PALM BEACH GARDENS, FL 33418 US	PALM BEACH GARDENS, FL 33418 US

DO NOT WRITE IN THIS SPACE

04172006   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
65-0219005	Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BRATTON, RICHARD
14034 MICOSUKEE TR
PALM BEACH GARDENS, FL 33418

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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 _____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

1100000535850
05/08/06-80069-016 150.00

10.   OFFICERS AND DIRECTORS

TITLE	DPS
NAME	BRATTON, RICHARD
STREET ADDRESS	14034 MICOSUKEE TR
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418
TITLE	DVP
NAME	LINDA BRATTON
STREET ADDRESS	14034 MICOSUKEE TR
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: *Linda Bratton, DVP*   *[signature]*, DVP   4/24/06   561-625-199

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #