2005 FOR PROFIT CORPORATION

ANNUAL REPORT DOCUMENT # M01885 1. Entity Name LOGICNOLOGY, INC.

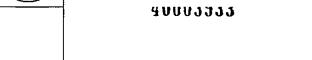
Principal Place of Business

4401 NW 124 AVE CORAL SPRINGS, FL 33065 Mailing Address

4401 NW 124 AVE CORAL SPRINGS, FL 33065

FILED Jan 21, 2005 8:00 am Secretary of State

01-21-2005 90081 010 ***158.75



DO NOT WRITE IN THIS SPACE

CR2E034 (10/03) 01062005 No Chg-P 4. FEI Number Applied For 59-2620282 Not Applicable \$8.75 Additional 5. Certificate of Status Desired

Fee Required

Daytime Phone #

6. Name and Address of Current Registered Agent

BROWN, GARY 4401 NW 124 AVE CORAL SPRINGS, FL 33065

SIGNATURE:

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. 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)					
FILE NOWIII FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		Election Campaign Financ Trust Fund Contribution.	ing 🔲	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	CTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BROWN, GARY 4401 NW 124 AVE CORAL SPRINGS, FL 33065				
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TITLE NAME STREET ADDRESS CITY-ST-ZIP					
12. I hereby certify that the information supplied with this filing does not qualify 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 occuracy 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 emplowered to Axecote 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 endress, with all other like empowered.					