2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 01, 2006
Secretary of State

DOCUMENT# M15787

Entity Name: AMCA LOGISTICS INC.

Current Principal Place of Business:

252 NE 545TH AVE.
OLD TOWN, FL 32680

New Principal Place of Business:

Current Mailing Address:

P O BOX 607
OLD TOWN, FL 32680 US

New Mailing Address:

FEI Number: 59-2538706 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

MACLEOD, KIM
252 NE 545TH AVE.
OLD TOWN, FL 32680 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: DP ( ) Delete
Name: MACLEOD, KIM,
Address: HE4 BOX 963
City-St-Zip: OLD TOWN, FL 32680

Title: VP ( ) Delete
Name: MACLEOD, DONALD D
Address: 252 NE 545TH AVE.
City-St-Zip: OLD TOWN, FL 32680

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition
Name: MACLEOD, KIM,
Address: 252 NE 545TH AVE
City-St-Zip: OLD TOWN, FL 32680

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 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: KIM MACLEOD PRES 07/01/2006

Electronic Signature of Signing Officer or Director Date