## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M15787

Entity Name: AMCA LOGISTICS INC.

FILED Jan 11, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

252 NE 545TH AVE. OLD TOWN, FL 32680

Current Mailing Address: New Mailing Address:

P O BOX 607

OLD TOWN, FL 32680 US

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

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MACLEOD, KIM PRES 252 NE 545TH AVE. 252 NE 545TH AVE. OLD TOWN, FL 32680 US OLD TOWN, FL 32680 US

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: KIM MACLEOD 01/11/2007

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP ( ) Delete Title: PRES (X) Change ( ) Addition

 Name:
 MACLEOD, KIM,
 Name:
 MACLEOD, KIM,

 Address:
 252 NE 545TH AVE
 252 NE 545TH AVE

 City-St-Zip:
 OLD TOWN, FL 32680
 City-St-Zip:
 OLD TOWN, FL 32680

Title: VP ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 MACLEOD, DONALD D
 Name:

 Address:
 252 NE 545TH AVE.
 Address:

 City-St-Zip:
 OLD TOWN, FL 32680
 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: DON MACLEOD VP 01/11/2007