2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2006
Secretary of State

DOCUMENT# N02000001522

Entity Name: PROGRAMMABLE LOGIC USER GROUP, INC.

Current Principal Place of Business:

10380 131ST STREET
LARGO, FL 33774

New Principal Place of Business:

Current Mailing Address:

10380 131ST STREET
LARGO, FL 33774

New Mailing Address:

FEI Number: 01-0624067 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KILLINGSWORTH, JACK
10380 131ST STREET
LARGO, FL 33774 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

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: KILLINGSWORTH, JACK
Address: 10380 131ST STREET
City-St-Zip: LARGO, FL 33774

Title: D ( ) Delete
Name: LUMIA, JAMES
Address: 3301 W BARCELONA STREET
City-St-Zip: TAMPA, FL 33629

Title: PD ( ) Delete
Name: BELVIN, STEVE
Address: 13265 108TH AVENUE
City-St-Zip: LARGO, FL 33774

Title: PD ( ) Delete
Name: KIMMERY, CLIFFORD E
Address: 2045 SUNSET GROVE LANE
City-St-Zip: CLEARWATER, FL 337651254

Title: VD ( ) Delete
Name: SJOQUIST, GREG
Address: 1806 OAKFOREST DRIVE WEST
City-St-Zip: CLEARWATER, FL 33759

Title: TD ( ) Delete
Name: WEDLAKE, JIM
Address: 11671 GROVE STREET
City-St-Zip: SEMINOLE, FL 33772

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JIM WEDLAKE TRES 02/13/2006

Electronic Signature of Signing Officer or Director Date