

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 20, 2006 08:00 AM
Secretary of State



| | |
|---|---|
| DOCUMENT # P0000083663 1. Entity Name LOGO INVESTMENTS, INC. | |
| Principal Place of Business 435 SOUTH GULFSTREAM AVE #402 SARASOTA FL 34236 | Mailing Address 435 SOUTH GULFSTREAM AVE #402 SARASOTA FL 34236 |
| 2. Principal Place of Business Suite, Apt. #, etc. | 3. Mailing Address Suite, Apt. #, etc. |
| City & State | City & State |
| Zip | Country |



1st MOORE CR2E034 (10/05)

| | | | |
|--|--|---|--|
| 4. FEI Number 65-1036908 | <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applied | | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;"> 6. Name and Address of Current Registered Agent SCHULMAN, GORDON 435 SOUTH GULFSTREAM AVE #402 SARASOTA FL 34236 </td> <td style="width: 50%; padding: 5px;"> 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code </td> </tr> </table> | | 6. Name and Address of Current Registered Agent SCHULMAN, GORDON 435 SOUTH GULFSTREAM AVE #402 SARASOTA FL 34236 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |
| 6. Name and Address of Current Registered Agent SCHULMAN, GORDON 435 SOUTH GULFSTREAM AVE #402 SARASOTA FL 34236 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | | |

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|--|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D <input type="checkbox"/> Delete SCHULMAN, GORDON 435 SOUTH GULFSTREAM AVE #402 SARASOTA FL 34236 | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Additio | NAME STREET ADDRESS CITY-ST-ZIP U00000520713 05/02/06-80105-019 150.00 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D <input type="checkbox"/> Delete SCHULMAN, LOIS 435 SOUTH GULFSTREAM AVE #402 SARASOTA FL 34236 | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Additio | NAME STREET ADDRESS CITY-ST-ZIP |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Additio | NAME STREET ADDRESS CITY-ST-ZIP |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Additio | NAME STREET ADDRESS CITY-ST-ZIP |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Additio | NAME STREET ADDRESS CITY-ST-ZIP |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Additio | NAME STREET ADDRESS CITY-ST-ZIP |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Gordon Schulman **GORDON SCHULMAN** 4/7/06 951-0234
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #