


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 19, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000108755 1. Entity Name OLESEN LOGISTICAL MANAGEMENT GROUP, INC.	
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Principal Place of Business 4625 E. BAY DRIVE STE 223 CLEARWATER, FL 33764	Mailing Address 4625 E. BAY DRIVE STE 223 CLEARWATER, FL 33764
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DO NOT WRITE IN THIS SPACE



03022004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3683018	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent OLESEN, EILIF L 7325 NORWICH LANE CLEARWATER, FL 33764	DO NOT WRITE IN THIS SPACE
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing)</small>	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD OLESEN, EILIF L 7325 NORWICH LANE CLEARWATER, FL 33764
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD OLESEN, MARTIN L 11620 MARK BLVD APT 207 SEMINOLE, FL 33772
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D OLESEN, DONALD L 8 DONNA DRIVE UPPER BROOKVILLE, NY 11771
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

0000000120226
04/19/04-80123-025 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <i>Martin L. Olsen</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	MARTIN L. OLESEN VP / CFO	4-15-04 <small>Date</small>	727 535-0905 <small>Daytime Phone #</small>
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