

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000034043

Entity Name: LOJICS INVESTMENTS, INC.

FILED  
Mar 26, 2007  
Secretary of State

## Current Principal Place of Business:

409 ARBOR CIRCLE  
CELEBRATION, FL 34747

## New Principal Place of Business:

620 NADINA PLACE  
CELEBRATION, FL 34747

## Current Mailing Address:

409 ARBOR CIRCLE  
CELEBRATION, FL 34747

## New Mailing Address:

620 NADINA PLACE  
CELEBRATION, FL 34747

FEI Number: 59-3741936

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MUNN, JOHN  
409 ARBOR CIRCLE  
CELEBRATION, FL 34747 US

## Name and Address of New Registered Agent:

MUNN, JOHN  
620 NADINA PLACE,  
CELEBRATION, FL 34747 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:

03/26/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: MUNN, JOHN CHARLES  
Address: 409 ARBOR CIRCLE  
City-St-Zip: CELEBRATION, FL 34747

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: MUNN, JOHN CHARLES  
Address: 620 NADINA PLACE  
City-St-Zip: CELEBRATION, FL 34747

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: JOHN CHARLES MUNN

D

03/26/2007

Electronic Signature of Signing Officer or Director

Date