


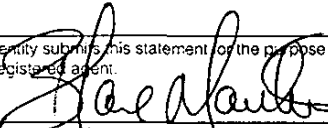
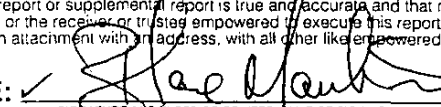
# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 15, 2006 8:00 am**  
**Secretary of State**

05-15-2006 90036 044 \*\*\*550.00

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<b>DOCUMENT # P02000082457</b>					
1. Entity Name <b>DIRECTONE LOGISTICS, INC.</b>					
Principal Place of Business 6205 JOHNS RD. STE. 12 TAMPA, FL 33634			Mailing Address 6205 JOHNS RD. STE. 12 TAMPA, FL 33634		
2. Principal Place of Business 6205 JOHNS RD. Suite, Apt. #, etc. STE. 9 City & State TAMPA, FL Zip 33634 Country U.S.A.		3. Mailing Address 6205 JOHNS RD. Suite, Apt. #, etc. STE. 9 City & State TAMPA, FL Zip 33634 Country U.S.A.		4. FEI Number 30-0098687 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				05082006 Chg-P CR2E034 (11/05)	
6. Name and Address of Current Registered Agent RODRIGUEZ, LOUIS A 6205 JOHNS RD. STE. 12 TAMPA, FL 33634			7. Name and Address of New Registered Agent Name MATTHEWS, BLANE A. Street Address (P.O. Box Number is Not Acceptable) 6205 JOHNS RD. STE. 9 City TAMPA, FL Zip Code 33634		
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:  Blane Matthews DATE: 5-11-06 <small>Signature (read: Blank name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	P MATTHEWS, BLANE A 2110 WHITLOCK PLACE DOVER, FL 33527	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V RODRIGUEZ, LOUIS A 14017 VILLAGE VIEW DR. TAMPA, FL 33624	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  Blane Matthews			Date: 5-11-06 813-290-0404		