2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Jun 20, 2006
Secretary of State

DOCUMENT# P02000087914

Entity Name: SMART LOGISTICS INC.

Current Principal Place of Business:

185 SW BOWDEN AVE
PORT SAINT LUCIE, FL 34953

New Principal Place of Business:

Current Mailing Address:

185 SW BOWDEN AVE
PORT SAINT LUCIE, FL 34953

New Mailing Address:

FEI Number: 56-2286120 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 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: PD ( ) Delete
Name: THOMAS, HOWARD
Address: 4197 NORTH HAVERHILL ROAD SUITE 201
City-St-Zip: WEST PALM BEACH, FL 33417

Title: VD ( ) Delete
Name: THOMAS, YANEEK
Address: 4197 NORTH HAVERHILL ROAD SUITE 201
City-St-Zip: WEST PALM BEACH, FL 33417

Title: SD ( ) Delete
Name: THOMAS, NISHAUNETTE
Address: 4197 NORTH HAVERHILL ROAD SUITE 201
City-St-Zip: WEST PALM BEACH, FL 33417

Title: TD ( ) Delete
Name: THOMAS, LATOYA
Address: 4197 NORTH HAVERHILL ROAD SUITE 201
City-St-Zip: WEST PALM BEACH, FL 33417

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: THOMAS, HOWARD
Address: 185 SW BOWDEN AVE
City-St-Zip: PORT ST LUCIE, FL 34953

Title: VP (X) Change ( ) Addition
Name: THOMAS, YANEEK
Address: 185 SW BOWDEN AVE
City-St-Zip: PORT ST LUCIE, FL 34953

Title: SD (X) Change ( ) Addition
Name: HOPKINS, NISHAUNETTE
Address: 185 SW BOWDEN AVE
City-St-Zip: PORT ST LUCIE, FL 34953

Title: TD (X) Change ( ) Addition
Name: THOMAS, LATOYA
Address: 5825 FAIRGREEN ROAD
City-St-Zip: WEST PALM BEACH, FL 33417

Title: S ( ) Change (X) Addition
Name: THOMAS, JOAN
Address: 185 SW BOWDEN AVE
City-St-Zip: PORT ST LUCIE, FL 34953

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: HOWARD THOMAS DIR 06/20/2006

Electronic Signature of Signing Officer or Director — Date