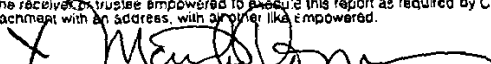


FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90198 005 ***150.00

2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P02000096596			
1. Entity Name DIRECTLOGIC GROUP CORPORATION			
Principal Place of Business 1274 SW 23 STREET MIAMI, FL 33145		Mailing Address 70 BATTERY PLACE APT 902 NEW YORK, NY 10280	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		172 Center St.	
City & State		PEARL RIVER NY	
Zip	Country	Zip	Country
10965			
4. FEI Number 33-1020998		Applied For Not Applicable	
5. Certificate of Statute Desired		5. Certificate of Statute Desired	
		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
DONOVAN, MATHEW 1274 SW 23 STREET MIAMI, FL 33145		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. The above signed 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 reappointing) _____ DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		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	P ☐ Delete	TITLE	P ☒ Change ☐ Addition
NAME	DONOVAN, MATHEW	NAME	DONOVAN MATTHEW
STREET ADDRESS	70 BATTERY PLACE APT 902	STREET ADDRESS	172 Center St.
CITY-ST-ZIP	NEW YORK, NY 10280	CITY-ST-ZIP	PEARL RIVER NY 10965
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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 807, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with or without like empowered.			
SIGNATURE: 		4/28/2005(917)5939939	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	