## 2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

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## Mar 17, 2006 08:00 AM Secretary of State **DOCUMENT # P02000100134** 1. Entity Name H.T. LOGISTICS, INC. Principal Place of Business Mailing Address 6937 FRASCATI LOOP 6937 FRASCATI LOOP WESLEY CHAPEL, FL 33544 WESLEY CHAPEL, FL 33544 CR2E034 (11/05) 02252006 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 14-1845765 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent THOMAS, HANDEL DO NOT WRITE 5625 GOLDFISH ST LUTZ, FL 33558 IN THIS SPACE 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, typed or printed name of registered agent and fills if applicable. (NOTE, Registered Agent alignature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. THLE THOMAS, HANDEL G MAME STREET ADDRESS 6937 FRASCATI LOOP CRY-ST-ZIP WESLEY CHAPEL, FL 33544 NAME STREET ADDRESS U0000472206 03/25/06-80027-011 150.00 CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP

12. Thereby 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 of trustee employeded 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 either like empowered.

SIGNATURE:

TITLE NAME STREET ADDRESS CITY-ST-209 DILE NAME STREET ADDRESS CITY-ST-ZIP ITTLE NAME STREET ADDRESS CITY-ST-7IP

4367100

IN THIS SPACE

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