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May 01, 2008 8:00 am
Secretary of State
05-01-2008 90240 035 ***150.00

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000127468

1. Entity Name
VIKING SEAWAYS LOGISTICS, INC.

Principal Place of Business	Mailing Address
6600 BUCKEYE ROAD PALMETTO, FL 34221 US	6600 BUCKEYE ROAD PALMETTO, FL 34221 US

04292008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
2723 93 Ct E	2723 93 Ct E
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Palmetto, FL	City & State: Palmetto, FL
Zip: 34221 Country: U.S.A	Zip: 34221 Country: U.S.A

4. FEI Number: 06-1663083 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HUNT, ROBERT 600 BUCKEYE RD PALMETTO, FL 34221	Name: Street Address (P.O. Box Number is Not Acceptable): 2723 93 Ct E City: Palmetto FL Zip Code: 34221

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: ______________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 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	DP ☐ Delete	TITLE	☒ Change ☐ Addition
NAME	HUNT, ROBERT	NAME	
STREET ADDRESS	6600 BUCKEYE RD	STREET ADDRESS	2723 93 Ct E
CITY-ST-ZIP	PALMETTO, FL 34221	CITY-ST-ZIP	Palmetto, FL 34221
TITLE	DS ☐ Delete	TITLE	☒ Change ☐ Addition
NAME	HUNT, M. REBA	NAME	
STREET ADDRESS	6600 BUCKEYE ROAD	STREET ADDRESS	2723 93 Ct E
CITY-ST-ZIP	PALMETTO, FL 34221	CITY-ST-ZIP	Palmetto FL 34221
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 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: Robert Hunt 4/29/08 (941) 737-4769
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #