2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000008281

Entity Name: AUTOMATION LOGIX, INC.

FILED Mar 27, 2006 Secretary of State

Current Principal Place of Business:			New Principal Place o	New Principal Place of Business:	
5 UTILITY SUITE 4					
PALM COA	AST, FL 32137	7 US			
Current Mailing Address:			New Mailing Address:		
P.O. BOX: PALM COA	353363 AST, FL 32135	53363 US			
FEI Number:	: 51-0443639	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
KATZ, B. F SUITE 1 F PALM CO		DRIVE SOUTH			
	named entity s of Florida.	submits this statement for the	purpose of changing its registered	office or registered agent, or both,	
SIGNATUR	RF.				
Electronic Signature of Registered Agent			ent	Date	
Election Car	npaign Financing	Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () LANTAIGNE, KE 13 EASTMOOR PALM COAST, I	LN	Title: (Name: Address: City-St-Zip:) Change ()Addition	
Title: Name: Address: City-St-Zip:	OSINSKI, JERZ	NG CIRCLE #12	Title: (Name: Address: City-St-Zip:) Change () Addition	
Title: Name: Address: City-St-Zip:	ST () LANTAIGNE, AS 13 EASTMOOR PALM COAST, I	LN	Title: (Name: Address: City-St-Zip:) Change () Addition	

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: KEITH LANTAIGNE P 03/27/2006