


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006 8:00 am
Secretary of State

01-17-2006 90274 044 ***158.75

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| DOCUMENT # P03000017279 1. Entity Name LOGICAL REEF INC. | |  | |
| Principal Place of Business 642 OLD DIXIE HWY S.W. VERO BEACH, FL 32962 US | | Mailing Address 430 COUNT ST. MELBOURNE, FL 32901 US | |
| 2. Principal Place of Business 624 Old Dixie Hwy. SW Suite, Apt. #, etc. | | 3. Mailing Address 624 Old Dixie Hwy. SW Suite, Apt. #, etc. | |
| City & State Vero Beach, Florida Zip 32962 | | City & State Vero Beach, Florida Zip 32962 | |
| Country USA | | Country USA | |
| 4. FEI Number 34-1975024 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent ACTIVE FILINGS, LLC 10651 NE 11TH COURT MIAMI SHORES, FL 33138 | | 7. Name and Address of New Registered Agent Name Lee M Stevens Street Address (P.O. Box Number is Not Acceptable) 624 Old Dixie Hwy. SW City Vero Beach FL Zip Code 32962 | |
| 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 Lee M Stevens, President DATE January 10, 2006 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE VPRE NAME STEVENS, LEE M STREET ADDRESS 1202 14TH AVENUE CITY-ST-ZIP VERO BEACH, FL 32960 | <input type="checkbox"/> Delete | TITLE P NAME Lee m. Stevens STREET ADDRESS 1202 14TH Avenue CITY-ST-ZIP Vero Beach, Florida 32960 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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: Lee M. Stevens, President <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | January 10, 2006 (772) 770-6926 <small>Date Daytime Phone #</small> | |