2007 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: _

Jan 31, 2007 08:00 AM **DOCUMENT # P03000046215 Secretary of State** NETWORK LOGISTIC SOLUTIONS, INC. Principal Place of Business Mailing Address **5 WANBOROUGH STATION** 8465 WESTERN WAY IACKSONVILLE, FL 32256 POOLER GA 31322 US CR2E034 (11/05) 01192007 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 56-2353370 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SCHEIDEL, JAMES J DO NOT WRITE 8465 WESTERN WAY JACKSONVILLE, FL 32256 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_ Signature, typed or printed name of registered agent and tide if applicable. (NOTE: Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE P SCHEIDEL, JAMES J NAME STREET ADDRESS **5 WANBOROUGH STATION** CITY-ST-ZIP **POOLER, GA 31322** TITLE STREET ADDRESS υ00000613968 02/06/07-80006-020 150.00 CITY-ST-7IP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZP MLE NAME STREET ADDRESS DTY-57-7/P 12. I hereby certify that the information supplied with this filling 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.

O TYPED OR PRINTED MAKE OF SIGNING OFFICER OR DIRECTOR

FILED