2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000098495

Entity Name: A.S.A.P. LOGISTICS, INC.

FILED Aug 21, 2006 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
--------------------------------------	----------------------------------

11809 BRENFORD CREST DR RIVERVIEW, FL 33569

Current Mailing Address: New Mailing Address:

11809 BRENFORD CREST DR RIVERVIEW, FL 33569

FEI Number: 57-1185412 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:

FASICK, DALE L
11809 BRENFORD CREST DR
RIVERVIEW, FL 33569 US
FASICK, DALE
11809 BRENFORD CREST DR
RIVERVIEW, FL 33569 US

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.

SIGNATURE: NOT REQUIRED 08/21/2006

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 PRES
 () Delete
 Title:
 PRES
 (X) Change () Addition

 Name:
 FASICK, DALE L PRES
 Name:
 FASICK, DALE L

 Address:
 11809 BRENFORD CREST DR
 Address:
 11809 BRENFORD CREST DR

Address: 11809 BRENFORD CREST DR Address: 11809 BRENFORD CREST DF
City-St-Zip: RIVERVIEW, FL 33569 City-St-Zip: RIVERVIEW, FL 33569

Title: () Delete Title: VP () Change (X) Addition Name: FASICK, CHRISTOPHER D

 Address:
 Address:
 6209 VENZIA DR

 City-St-Zip:
 City-St-Zip:
 RIVERVIEW, FL 33569

Title: CFO () Change (X) Addition

 Intie:
 () Delete
 Intie:
 CFO () Change (A) Addingment

 Name:
 Name:
 FASICK, GERALDINE B

 Address:
 Address:
 2004 HAWKHURST CIRCLE DR

 City-St-Zip:
 City-St-Zip:
 SUN CITY CENTER, DR 33570

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: DALE FASICK PRES 08/21/2006