2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 4

Jan 24, 2008 8:00 am Secretary of State DOCUMENT # P03000110677 01-24-2008 90031 007 ***150 00 DLR LOGISTICS, INC Principal Place of Business Mailing Address 7113 HEMLOCK LOOP P.O. BOX 553 OCALA, FL 34472 CITRA, FL 32113 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 1.0. B553 Suite, Apt. #, etc. Suite, Apt. #, etc. 01192008 CR2E034 (12/06) Cha-P City & State Ocala F1. 34478 City & State 4. FEI Number Applied For 20-0281146 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent RAY, DAVID L 7113 HEMLOCK LOOP Street Address (P.O. Box Number is Not Acceptable) OCALA, FL 34478 Zip Code FI 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. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PRES ☐ Delete TITLE TITLE Addition RAY, DAVID L NAME NAME 7113 HEMLOCK LOOP STREET ADDRESS STREET ADDRESS CITY-ST-ZIP OCALA, FL 34472 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY - ST - ZIE ☐ Delete ☐ 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-SI-ZIP TITLE Delete TITLE Addition ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-S1-ZIP TITLE ☐ Delete ☐ Addition TITLE ☐ Chance NAME STREET ADDRESS STREET ADDRESS CITY-S1-ZIP CITY-ST-ZIP 12. Thereby 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 it 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

FILED

Daytime Phone €