2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000116145

Entity Name: BID LOG, INC.

Address:

City-St-Zip:

209 N.W. 12TH AVENUE

POMPANO BEACH, FL 33069 US

FILED Apr 29, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 209 N.W. 12TH AVENUE POMPANO BEACH, FL 33069 US **Current Mailing Address: New Mailing Address:** 209 N.W. 12TH AVENUE POMPANO BEACH, FL 33069 US FEI Number: 41-2116407 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: WRIGHT, FULFORD, MOORHEAD & BROWN, P.A. DEAN, LANA L 145 NORTH MAGNOLIA AVENUE 145 NORTH MAGNOLIA AVENUE ORLANDO, FL 32802 ORLANDO, FL 328022828 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: LANA L. DEAN 04/29/2005 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: PRFS (X) Delete Title: () Change () Addition Name: NYSTROM, ED Name: 209 N.W. 12TH AVENUE Address: Address: City-St-Zip: POMPANO BEACH, FL 33069 US City-St-Zip: Title: PRES Title: () Delete () Change () Addition Name: WALLICK, GREGG Name: 209 N.W. 12TH AVENUE Address: Address: POMPANO BEACH, FL 33069 US City-St-Zip: City-St-Zip: Title: Title: VΡ (X) Delete () Change () Addition HERMAN, KEN Name: Name: 209 N.W. 12TH AVENUE Address: Address: City-St-Zip: POMPANO BEACH, FL 33069 US City-St-Zip: Title: TREA () Delete Title: () Change () Addition KNOX, KENT Name: Name:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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.

Address:

City-St-Zip:

SIGNATURE: KENT KNOX TRES 04/29/2005