

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000044294

FILED
Apr 15, 2009
Secretary of State

Entity Name: GLOBALLOGIX, INC.

Current Principal Place of Business:

38 LITTLE BAY HARBOR DRIVE
PONTE VEDRA BEACH, FL 32082 US

New Principal Place of Business:

Current Mailing Address:

38 LITTLE BAY HARBOR DRIVE
PONTE VEDRA BEACH, FL 32082 US

New Mailing Address:

P.O. BOX 1278
PONTE VEDRA BEACH, FL 32004 US

FEI Number: 20-1117958

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH, HULSEY & BUSEY
1800 WACHOVIA NATIONAL BANK TOWER
222 WATER STREET
JACKSONVILLE, FL 32202 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DST () Delete
Name: MILLIGAN, DEE
Address: 38 LITTLE BAY HARBOR DRIVE
City-St-Zip: PONTE VEDRA, FL 32082

Title: DPC () Delete
Name: MILLER, ERIC A
Address: 38 LITTLE BAY HARBOR DRIVE
City-St-Zip: PONTE VEDRA, FL 32082

Title: D () Delete
Name: SIMS, MICHAEL H
Address: 3708 FRINGE TREE PLACE
City-St-Zip: LOUISVILLE, KY 40241

Title: D () Delete
Name: NELSON, GERRY C
Address: 7310 OAKMONT COURT
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: D () Delete
Name: NICOSIA, JOSEPH A
Address: 104 BENT PINE COURT
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: V () Delete
Name: SETTEDUCATI, DIANE
Address: 390 WELD STREET, #1
City-St-Zip: BOSTON, MA 02132

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: DEE MILLIGAN

S

04/15/2009

Electronic Signature of Signing Officer or Director

_____ Date