

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000015691

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

FILED  
Apr 27, 2006  
Secretary of State

## Current Principal Place of Business:

320 SOUTH FLAMINGO ROAD  
SUITE 129  
PEMBROKE PINES, FL 33027

## New Principal Place of Business:

## Current Mailing Address:

320 SOUTH FLAMINGO ROAD  
SUITE 129  
PEMBROKE PINES, FL 33027

## New Mailing Address:

FEI Number: 38-3712575

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WATSON, DONNA  
320 SOUTH FLAMINGO ROAD  
SUITE 129  
PEMBROKE PINES, FL 33027 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: PRES ( ) Delete  
Name: SINCLAIR, DAVID A  
Address: 320 SOUTH FLAMINGO ROAD, SUITE 129  
City-St-Zip: PEMBROKE PINES, FL 33027

Title: VP ( ) Delete  
Name: SINCLAIR, KAYDEANN  
Address: 320 SOUTH FLAMINGO ROAD  
City-St-Zip: PEMBROKE PINES, FL 33027

Title: TRES ( ) Delete  
Name: SINCLAIR, DAVID  
Address: 320 SOUTH FLAMINGO ROAD; SUITE 129  
City-St-Zip: PEMBROKE PINES, FL 33027

Title: SEC ( ) Delete  
Name: WATSON, DONNA  
Address: 320 SOUTH FLAMINGO ROAD; SUITE 129  
City-St-Zip: PEMBROKE PINES, FL 33027

## 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  
Name:  
Address:  
City-St-Zip:

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: KAYDEANN SINCLAIR

VP

04/27/2006

Electronic Signature of Signing Officer or Director

Date