## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

## Mar 12, 2007 08:00 AM **DOCUMENT # P05000108874 Secretary of State** 1. Entity Name LOGICAIR, INC. Principal Place of Business Mailing Address 105 S INDIAN RIVER LANE 105 S INDIAN RIVER LANE FORT PIERCE, FL 34982 FORT PIERCE, FL. 34982 CR2E034 (11/05) 02062007 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0880423 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent WATKINS, WILLIAM DO NOT WRITE 105 S INDIAN RIVER LANE FORT PIERCE, FL 34982 IN THIS SPACE 5. 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 (smillar with, and accept NOTKINS 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE NAME WATKINS, WILLIAM STREET ADDRESS 105 S INDIAN RIVER LN CITY-ST-ZIP FORT PIERCE, FL 34982 TITLE NAME STREET ADDRESS CITY-ST-ZIP U00000664051 03/22/07-80029-003 158.75 TILE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE MAKE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS 12. I hereby certify that the information supplied with this filling 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**FILED**