2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000167395



FILED May 03, 2006 8:00 am Secretary of State

Maring Address Suite Apt #, etc. Suite Apt #, etc	1. Entity Name CAPITAL LOGISTICS MANAGEMENT GROUP INC.					05-03-2006	90235 042 :	***550	.00	
Solite. Apt. 4. etc. City & State City & State Country City & State Country Country Country Country Country S. Certificate of State Delated \$8.75 Addition For Registered Agent Name Street Address of Name and Address of Current Registered Agent Name Street Address (PO, Box Number is Not Acceptable) Street Address (PO, Box Number is Not Acceptable) City FL Zop Country City FL Zop Country City FL Zop Country City FL Zop Country Street Address (PO, Box Number is Not Acceptable) Street Address (PO, Box Number is Not Acceptable) Figure Address of New Registered Agent Name Street Address (PO, Box Number is Not Acceptable) Figure Address	4909 N MONROE 5001 LAKEFRONT DR L-5				2 (102) (73)		EIEI MENE 25111 12022 11	21 0 127W] 3 10	der e soon	
City & State	2. Principal P	lace of Business	3. Mailing Address	3. Mailing Address						
Second S	Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		Chg-P	CR2E034 ((11/05)		
ELEE, PATRICIA A SCONI LAKERFONT DR L-5 TALLAHASSEE, FL 32303 8. The above named entity submate this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am Samillar with, and uccept the chilgidations of registered agent and the chilgidations of registered agent and the chilgidations of registered agent and the childidations of registered agent. SIGNATURE Syman, lyour or whom some or improved grow and the 1 aphthetia. (NOIL highlander Agent distributions of registered agent, or both, in the State of Florida. I am Samillar with, and uccept the childidations of registered agent. SIGNATURE Syman, lyour or whom or whom or whom the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am Samillar with, and uccept the childidations of registered agent, or both, in the State of Florida. I am Samillar with, and uccept the childidations of registered agent, or both, in the State of Florida. I am Samillar with, and uccept the childidations of registered agent. SIGNATURE Syman, lyour or whom the purpose of changing its registered dispers dynamic values are under dynamic values and the purpose of changing its registered agent, or both, in the State of Florida. I am Samillar with, and uccept the childidations of registered agent. SIGNATURE Syman, lyour or whom the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am Samillar with, and under the purpose of changing its registered agent, or both, in the State of Florida. I am Samillar with, and under the childidation of the purpose of changing its registered agent, or both, in the State of Florida. I am Samillar with, and under the purpose of the purpose of changing its registered agent. 10. OFFICERS AND DIRECTORS 11. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 11 INTERNATIONAL ASSEE, FL 32303 11. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 11 INTERNATIONAL ASSEE, FL 32303 12. ADDITIONS CHANGES TO OF	City & State		City & State	City & State		06-176	4093	 		
Street Address (P.O. Box Number is Not Acceptable)	Zip	Country	Zip	Country	5. Certificate	_	_{「1} \$8.			
EEE, PATRICIA A STOOL LAKEFRONT DR L-5 TALLAHASSEE, FL 32303 City City FL Zip Code City City City City City City FL Zip Code City		6. Name and Address of Current	Registered Agent		7. Name and	Address of New	Registered Age	nt		
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 Rorida. I am familiar with, and accept the obligations of registered agent. Signature, topod in prime arms of registered agent. FILE NOWIT! FEE IS \$150.00 Due by September 6, 2006 9. Election Campaign Financing This Fund Contribution. 9. Election Campaign Financing This Fund Contribution. 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 THE Debte NAME SIRET ADDIESS CITY-51-2P TALLAHASSEE, FL 32303 THIS Debte HTLE NAME SIRET ADDIESS CITY-51-2P THE NAME SI	5001 LAKE	EFRONT DR L-5								
the obligations of registered agent. SIGNATURE SIGNAT				City			FL	Zip Code		
FILE NOW!! FEE IS \$150.00 Due by September 6, 2006 10. OFFICERS AND DIRECTORS 11. TITLE D LEE, PATRICIA A SIRRET ADDRESS CITY-ST-7P TITLE NAME										
Trust Fund Contribution. Added to Fees Corporation did not receive the prior notice. 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 THE DELEE THE Addition NAME SIREST ADDRESS SIREST ADDRESS CITY-ST-2P TALLAHASSEE, FL 32303 CITY-ST-2P TITLE Delete THE Addition NAME SIREST ADDRESS CITY-ST-2P THE Delete THE Addition NAME SIREST ADDRESS CITY-ST-2P THE Addition NAME SIREST ADDRESS	SIGNATURE_	Signature, typed or printed name of registered agent	and title it applicable. (NOTE	Registered Agent signature re-	quired when reinstating)	·	DATE			
TITLE NAME STREET ADDRESS CITY-ST-2P TITLE NAME NAME NAME NAME NAME NAME NAME NAM										
TITLE NAME STREET ADDRESS CITY-ST-2P TITLE NAME NAME NAME NAME NAME NAME NAME NAM	10. OFFICERS AND DIRECTORS			11.	ADDITIONS	L /CHANGES TO OF	FICERS AND DIF	RECTORS	IN 11	
TITLE Delete TITLE Addition NAME STREET ADDRESS STREET ADDRESS	NAME STREET ADDRESS	LEE, PATRICIA A 5001 LAKEFRONT DR L-5	□ Delete	NAME Street address				Change	Addition	
TITLE Delete ITTLE Delete ITTLE	TITLE NAME STREET ADDRESS	TALLAHASSEE, FL 32303	☐ Delete	TITLE NAME STREET ADDRESS		14 pt	٥	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP FITLE NAME STREET ADDRESS CITY-ST-ZIP FITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TO beleie TO bel	TITLE NAME STREET ADDRESS		□ Delete	TITLE NAME STREET ADDRESS				Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP TRILE NAME STREET ADDRESS CITY-ST-ZIP TRILE NAME STREET ADDRESS CITY-ST-ZIP TREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this fiting 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.	TITLE NAME STREET ADDRESS		□ Delete	TITLE NAME STREET ADDRESS				Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby 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 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.	NAME STREET ADDRESS		☐ De lete	NAME STREET ADDRESS				Change	☐ Addition	
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.	name Street address		☐ Delete	NAME STREET ADDRESS				Change	Addition	
SIGNATURE: / LOTTO DE TOTO DE TOTO DE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATURE OF SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATURE OF SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATURE OF SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATURE OF SIGNAT	indicated of the co	t on this report or supplemental report i rporation or the receiver or trustee emp	s true and accurate and that re lowered to execute this report	ny signature shall have as required by Chapte	the same legal effe	ct as if made unde	er oath; that I am a	an officer	or director	
	SIGNAT	TURE: Total	PRINTED NAME OF SIGNING OFFICER	, <u>-</u>	Lee	Date Q	5 · 2 · 00	e Phone Ay		