## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P06000124469

Entity Name: LOGICTIVITY PUBLISHING, INC.

FILED Apr 16, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

12161 CATTAIL LANE JACKSONVILLE, FL 32223

Current Mailing Address: New Mailing Address:

P.O. BOX 600637 JACKSONVILLE, FL 322600637

FEI Number: 20-5631569 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:

INTREPID REGISTERED AGENT SERVICES, LLC
ONE INDEPENDENT DRIVE
SUITE 1200

JACKSONVILLE, FL 32202 US

CONTEGA BUSINESS SERVICES, LLC
ONE INDEPENDENT DRIVE
SUITE 1200
JACKSONVILLE, FL 32202 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: CHRISTIAN M. COX, VP 04/16/2007

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D ( ) Delete Title: PSTD (X) Change ( ) Addition

 Name:
 WEINSTEIN, SHARON
 Name:
 WEINSTEIN, SHARON

 Address:
 P.O. BOX 600637
 Address:
 12161 CATTAIL LANE

 City-St-Zip:
 JACKSONVILLE, FL 322600637
 City-St-Zip:
 JACKSONVILLE, FL 32223

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: SHARON WEINSTEIN PSTD 04/16/2007

Electronic Signature of Signing Officer or Director

Date