,2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

May 07, 2007 8:00 am Secretary of State DOCUMENT # P06000133605 04-20-2007 90072 047 ***150.00 1. Entity Name TRISTAR LOGISTICS, INC. Principal Place of Business Mailing Address 157 VALENCIA RD NW 157 VALENCIA RD NW WEST MELBOURNE, FL 32904 WEST MELBOURNE, FL 32904 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 05042007 CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 20.5835838 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SMITH, CATHY S Street Address (P.O. Box Number is Not Acceptable) 157 VALENCIA RD NW WEST MELBOURNE, FL 32904 City Zip Code FL 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 Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees Due by September 14, 2007 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE MLE ☐ Delete Change ☐ Addition NAME SMITH, CATHY S 157 VALENCIA RD NW STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WEST MELBOURNE, FL 32904 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition SMITH, PATRICK A NAME NAME STREET ADDRESS 157 VALENCIA RD NW STREET ADDRESS CITY-ST-ZIP WEST MELBOURNE, FL 32904 CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-71P CITY-ST-7IP ☐ Change TITLE ☐ Delete TITI F ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TILLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ME ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 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 any address, with all other like empowered.

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2007 FOR PROFIT CORPORATION ANNUAL REPORT

4/20/2007-90072-047-\$150.00-\$150.00

DOCUMENT # P06000133605 1. Entity Name TRISTAR LOGISTICS, INC.						ATTACHMENT				
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2. Principal Place of Business - No P.O. Box # 3. Mailing Address										
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City & State		City & State	City & State		4. FEI Numb	Pet		_	optied For ot Applicable	
Zip	Country	Zip	Coun	try	5. Certificate	of Status Desired		8.75 Ad	ditional	
6. Name and Address of Correct Registered Agent				7. Name and Address of New Registered Agent Name						
SMITH, CATHY S 157 VALENCIA RD NW WEST MELBOURNE, FL 32904				Street Address (P.O. Box Number is Not Acceptable)						
				City	·		FL	Zip Cor	<u> </u>	
The above named entity submits this statement for the purpose of changing its register.				ed office or register	red agent, or bo	oth, in the State of Fi		J '		
the compations or registered agent.										
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12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 1.19. Florida Statutes. I further certify that the information of the corporation or the receiver or ituates employed to be received in this report as required by Chapter 607. Florida Statutes, and that my seminance and the receiver or ituates employed to be received in the receiver or ituates employed to be received by Chapter 607. Florida Statutes, and that my seminance is the received or ituates employed to be received by Chapter 607. Florida Statutes, and the received its report as required by Chapter 607.										
changed, or on an arachment with an address, with all other like empowered.										
SIGNATURE (DO STATE OF A STATE CONTROL OF SECURIO CONTROL OF CONT										

ATTACHMENT

May 4, 2007

Florida Department of State Division of Corporations P.O. Box 1500 Tallahassee, Fla. 32302-1500

Re: Amended Annual Report
For TRISTAR LOGISTICS, INC.
Document # P06000133605

Addition of Fed. ID # 20-5835838

Dear Sir,

Enclosed you will find a corrected Annual Report with a federal Employers ID number.

I am so sorry I forgot to put the number on the original report that I filed in April.

I have enclosed a copy of the letter that was sent to me, so that there will be no penalties charged to TRISTAR LOGISTICS, INC..

Again, I am sorry, I will pay better attention next year.

Sincerely,

Cathy Smith

Owner - TRISTAR LOGISTICS, INC.