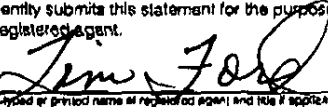


**FOR PROFIT CORPORATION
ANNUAL REPORT**

For Office Use Only

DO NOT WRITE IN THIS SPACE

DOCUMENT # D07000132709 1. Entity Name Ellis Logistics, Inc.			
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business - No P.O. Box # 5411 St. Helena Rd Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State Lake Wales FL		City & State	
Zip 33898	Country	Zip	Country
4. FEI Number 26-1588524		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent			
Name Tim Ford			
Street Address (P.O. Box Number is Not Acceptable) 5411 St. Helena Rd			
City Lake Wales FL Zip Code 33898			
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 		800184237418 08/11/10--01004--001 **150.00	
January 1 - May 1: Fee is \$150.00 After May 1, Fee is \$550.00 Amended AR is \$61.25 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		Tim Ford - Director/Pres 5411 St. Helena Rd Lake Wales, FL 33898	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		Elizabeth Ford - Sec./Tres. 5411 St. Helena Rd Lake Wales, FL 33898	
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE 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 807, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		8/6/10 843439.3232	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

RECEIVED
DIVISION OF CORPORATE
10 AUG 10 PM 3:36

CR2E034B (11/08)

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