2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000066742

Entity Name: CMG LOGISTICS, INC.

FILED Apr 16, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 560 SEBASTIAN SQUARE ST. AUGUSTINE, FL 32095 **Current Mailing Address: New Mailing Address:** 12276 SAN JOSE BLVD #208 560 SEBASTIAN SQUARE ST. AUGUSTINE, FL 32095 JACKSONVILLE, FL 32223 FEI Number: 32-0164335 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: CHAPPELEAR, DOUGLAS 560 SEBASTIAN SQUARE ST. AUGUSTINE, FL 32095 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition CHAPPELEAR, DOUGLAS Name: Name: 560 SEBASTIAN SQUARE Address: Address: City-St-Zip: ST. AUGUSTINE, FL 32095 City-St-Zip: Title: DVS () Delete Title: () Change () Addition Name: CHAPPELEAR, ELEANOR Name: 560 SEBASTIAN SQUARE Address: Address: ST. AUGUSTINE, FL 32095 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: DOUGLAS CHAPPELEAR **PRES** 04/16/2009