## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P33345

Entity Name: WILSON LOGISTICS, INC.

JORDAN, EDWARD H

270 TERMINAL AVE

CLARK, NJ 07066

Name:

Address:

City-St-Zip:

FILED Jul 11, 2005 Secretary of State

		714 20010 1100, 1140.				
Current Principal Place of Business:			New Princ	New Principal Place of Business:		
270 TERM CLARK, N.	INAL AVEN J 07066	UE US				
Current Mailing Address:			New Maili	New Mailing Address:		
270 TERM CLARK, N	INAL AVEN J 07066	UE US				
FEI Number:	11-2218724	FEI Number Applied For()	FEI Number Not App	licable ( ) Certificate of Status Desired ( )		
Name and	Address o	of Current Registered Agent:	Name and	Address of New Registered Agent:		
1200 S. PIN	ORATION S NE ISLAND ON, FL 333	ROAD				
The above in the State		ity submits this statement for the	e purpose of changing i	its registered office or registered agent, or both		
SIGNATUR	RE:					
	Elect	ronic Signature of Registered A	\gent	Date		
Election Can	npaign Finan	cing Trust Fund Contribution ( ).				
OFFICERS	S AND DIR	ECTORS:	ADDITION	NS/CHANGES TO OFFICERS AND DIRECTO		
Title: Name: Address: City-St-Zip:	PD SCHAEFER 270 TERMII CLARK, NJ	NAL AVENUE	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	TSD DE LA NOE 270 TERMII CLARK, NJ	NAL AVENUE	Title: Name: Address: City-St-Zip:	SD (X) Change ( ) Addition ABELS, ALAN A 270 TERMINAL AVENUE CLARK, NJ 07066 US		
Title: Name: Address: City-St-Zip:	AS ALBANESE 270 TERMII CLARK, NJ	NAL AVE	Title: Name: Address: City-St-Zip:	AS (X) Change ( ) Addition JORDAN, EDWARD 270 TERMINAL AVE CLARK, NJ 07066		
Title:	AS	(X) Delete	Title:	( ) Change ( ) Addition		

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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.

Name:

Address:

City-St-Zip:

SIGNATURE: ALAN A. ABELS CFO 07/11/2005