


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 19, 2006 08:00 AM
Secretary of State

DOCUMENT # P97000068420 1. Entity Name LOGRONO, INC.	
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Principal Place of Business 255 SOUTH ORANGE AVENUE SUITE 1700 ORLANDO, FL 32801	Mailing Address 255 SOUTH ORANGE AVENUE SUITE 1700 ORLANDO, FL 32801
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DO NOT WRITE IN THIS SPACE

01302006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3469024	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ROSS, THOMAS T
255 SOUTH ORANGE AVENUE
SUITE 1700
ORLANDO, FL 32801

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating)
Signature, typed or printed name of registered agent and title if applicable DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000517073 05/01/06-80030-007 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD AUFSEESSER, ERNST 20. CH. COLLADON CH-1209 GENEVA SWITZERLAND,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KURZ, PETER 35.CH. DE LA SEYMAZ CH-1253 VANDOEUVRES SWITZERLAND,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEBER, JEAN-PIERRE BELCHENSTRASSE 19 CH-4053 BASEL SWITZERLAND,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROSS, THOMAS T 255 SOUTH ORANGE AVENUE ORLANDO, FL 32801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SAATHOFF, DWIGHT D 255 S. ORANGE AVE. ORLANDO, FL 32801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 an address, with all other like empowered.

SIGNATURE: _____ **3/27/06**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #