

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000086740

FILED
Apr 26, 2006
Secretary of State

Entity Name: IN TOUCH LOGISTIC SERVICES, INC.

Current Principal Place of Business:

1515 N.W. 167 STREET
302 SUITE
MIAMI, FL 33169

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 640100
N MIAMI BEACH, FL 33164

New Mailing Address:

FEI Number: 65-0785509

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 S.W. 22 STREET
4 FLOOR
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

STEPHEN M. ZALKA CPA
6437 NW 99TH AVE
CORAL SPRINGS, FL 33076 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: STEPHEN M ZALKA

04/26/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: DAVIS, WAYNE
Address: 1395 NW 167 STREET
City-St-Zip: MIAMI, FL 33169

Title: VD () Delete
Name: JACKSON, NATHANIEL
Address: 1395 NW 167 STREET
City-St-Zip: MIAMI, FL 33169

Title: SD () Delete
Name: ROBERTS, CLEVELAND III
Address: 1395 NW 167 STREET
City-St-Zip: MIAMI, FL 33169

Title: TD () Delete
Name: HALL, DERRAL
Address: 1395 NW 167 STREET
City-St-Zip: MIAMI, FL 33169

Title: T () Delete
Name: DAVIS, MARILYN
Address: 1395 NW 167 STREET
City-St-Zip: MIAMI, FL 33169

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: WAYNE DAVIS

PD

04/26/2006

Electronic Signature of Signing Officer or Director

Date