

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 16, 2007 8:00 am**  
**Secretary of State**

04-16-2007 90061 020 \*\*\*163.75

<b>DOCUMENT # P98000017940</b> 1. Entity Name <b>NORMAN LOGUN, INC.</b>																											
Principal Place of Business <b>1150 NW 72 AVE</b> <b>760</b> <b>MIAMI, FL 33126</b>		Mailing Address <b>1150 NW 72 AVE</b> <b>760</b> <b>MIAMI, FL 33126</b>																									
2. Principal Place of Business - No P.O. Box # <b>20 Admirals Court</b>		3. Mailing Address Suite, Apt. #, etc.																									
City & State <b>Palm Beach Gardens FL</b>		City & State <b>FL</b>																									
Zip <b>33418</b>		Country <b>Palm Beach</b>																									
4. FEI Number <b>65-0827766</b>		Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75</b> Additional Fee Required																									
6. Name and Address of Current Registered Agent  <b>LOGUN, NORMAN</b> <b>1150 NW 72 AVE</b> <b>STE 760</b> <b>MIAMI, FL 33126</b>		7. Name and Address of New Registered Agent Name <b>NORMAN LOGUN</b> Street Address (P.O. Box Number is Not Acceptable) <b>20 Admirals Court</b> City <b>Palm Beach Gardens FL</b> Zip Code <b>33418</b>																									
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) DATE _____																											
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/> <b>\$5.00</b> May Be Added to Fees																									
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">D, P</td> <td style="width: 30%;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>LOGUN, NORMAN</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1150 NW 72 AVE</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>MIAMI, FL 33126</td> <td></td> </tr> </table>		TITLE	D, P	<input type="checkbox"/> Delete	NAME	LOGUN, NORMAN		STREET ADDRESS	1150 NW 72 AVE		CITY - ST - ZIP	MIAMI, FL 33126		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">D. P.</td> <td style="width: 30%;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>LOGUN NORMAN</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>20 Admirals Court</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>Palm Beach Gardens, FL 33418</td> <td></td> </tr> </table>		TITLE	D. P.	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	LOGUN NORMAN		STREET ADDRESS	20 Admirals Court		CITY - ST - ZIP	Palm Beach Gardens, FL 33418	
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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.																											
<b>SIGNATURE:</b> <i>Norman Logun</i>		Date <b>4/9/07</b>																									
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #																									