2005 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P99000058301

1. Entity Name LOGO SHIRTS, INC.

Principal Place of Business

1440 CORAL RIDGE DRIVE

#135 CORAL SPRINGS, FL 33071 Mailing Address

1440 CORAL RIDGE DRIVE

#135

CORAL SPRINGS, FL 33071

US .

FILED Jul 18, 2005 08:00 AM Secretary of State



07052005

No Chg-P

CR2E034 (10/03)

4. FEI Number 65-0930419 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ADELMAN, STEVE 12317 SW 1ST STREET CORAL SPRINGS, FL 33071

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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_	Signature, typed or printed name of registered agent and title	if applicable. (NOTE Registered	Agent signature required when reinstating)	DATE	
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		CTORS		U00000373431	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD ADELMAN, STEVE 12317 SW 1ST STREET CORAL SPRINGS, FL 33071	<u> </u>		07/18/05-80013-025	150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD ADELMAN, JUDY H 12317 SW 1ST STREET CORAL SPRINGS, FL 33071				
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN	THIS SPACE	
TITLE NAME STREET ADDRESS GITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information					

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

Her Ulling July Hels, but Steve Adelman CHATTER AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/7/05

954 345.833

Daytime Phone #