2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2005 8:00 am
Secretary of State
02-15-2005 90019 029 ***150.00

DOCUMENT # P04000002057

1. Entity Name
~~TOTTRAK, INC.~~
TOTALTRAK, INC.

Principal Place of Business	Mailing Address
12062 STONE CROSSING CIR TAMPA, FL 33635	12062 STONE CROSSING CIR TAMPA, FL 33635

02082005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
550 N. REO ST.	550 N. REO ST.
Suite, Apt. #, etc.: SUITE 300	Suite, Apt. #, etc.: SUITE 300
City & State: TAMPA, FL	City & State: TAMPA, FL
Zip: 33609 Country: HILLSBOROUGH	Zip: 33609 Country: HILLSBOROUGH

4. FEI Number: 59-3775135 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

OVERHOLT, FREDERIC J
7408 CLEARVIEW DR
TAMPA, FL 33634

7. Name and Address of New Registered Agent

Name: DWAYNE MARTINS
Street Address (P.O. Box Number is Not Acceptable): 550 N. REO ST
SUITE 300
City: TAMPA FL Zip Code: 33609

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: Dwayne Martins DWAYNE MARTINS, PRES 2/8/05
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
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HINES, ANTONIO JR 12062 STONE CROSSING CIR TAMPA, FL 33635	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D, P, S, T DWAYNE MARTINS 550 N REO ST TAMPA, FL 33609	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LUSK, DENNIS 16540 WILLOW GLEN DR ODESSA, FL 33556	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP WILLIAM KILLINGSWORTH 5541 PUERTA DEL SOL BLVD ST PETERSBURG, FL 33715	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HILL, STEVE 860 MALASPINA CRESCENT NANAIMO BRITISH COLUMBIA CANADA V9S 2Z7,	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DALE DONER 422 MONTANA AVE LIBBY, MT 59923	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D EDWARD XIQUES II 11414 GLENMONT DRIVE TAMPA, FL 33635	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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 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: Dwayne Martins DWAYNE MARTINS 2/8/05 813.261.3777
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #