2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Sep 30, 2006
Secretary of State

DOCUMENT# P04000002057

Entity Name: TOTALTRAK, INC

Current Principal Place of Business:

550 N. REO ST,SUITE 300
TAMPA, FL 33609

New Principal Place of Business:

2109 E. PALM AVE.
SUITE 203
TAMPA, FL 33605

Current Mailing Address:

550 N. REO ST,SUITE 300
TAMPA, FL 33609

New Mailing Address:

2109 E. PALM AVE.
TAMPA, FL 33605

FEI Number: 59-3775135 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MARTINS, DWAYNE
550 N. REO ST,SUITE 300
TAMPA, FL 33609 US

Name and Address of New Registered Agent:

HINES, TONY
2109 E. PALM AVE.
SUITE 203
TAMPA, FL 33605 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: TONY HINES 09/30/2006
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DPST ( ) Delete
Name: MARTINS, DWAYNE
Address: 550 N. REO ST
City-St-Zip: TAMPA, FL 33609

Title: VP (X) Delete
Name: KILLINGSWORTH, WILLIAM
Address: 5541 PUERTA DEL SOL BLVD
City-St-Zip: SAINT PETERSBURG, FL 33715

Title: D ( ) Delete
Name: DONER, DALE
Address: 422 MONTANA AVE
City-St-Zip: LIBBY, MT 59923

Title: D (X) Delete
Name: XIQUES, EDWARD II
Address: 11414 GLENMONT DRIVE
City-St-Zip: TAMPA, FL 33635

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition
Name: HINES, TONY
Address: 2109 E. PALM AVE.
City-St-Zip: TAMPA, FL 33605

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: TONY HINES PRES 09/30/2006
Electronic Signature of Signing Officer or Director Date