

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000148057

FILED
Apr 28, 2007
Secretary of State

Entity Name: FAST TRACK FOODMART INC.

Current Principal Place of Business:

1255 SOUTH PARTICK DR.
SATELLITE BEACH, FL 32937 US

New Principal Place of Business:

Current Mailing Address:

1255 SOUTH PARTICK DR.
SATELLITE BEACH, FL 32937 US

New Mailing Address:

FEI Number: 20-5952200 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MUSTAFA, SHAWON
1515 MICHIGAN AVE
SUITE 14
KISSIMMEE, FL 34744 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SALAHUDDIN, MOHAMMAD
Address: 2452 HOLLY PINE CIRCLE
City-St-Zip: ORLANDO, FL 32820 US

Title: VP () Delete
Name: HOSSAIN, MOHAMMED T
Address: 413 ROBBINS REST CIRCLE
City-St-Zip: DAVENPORT, FL 33896 US

Title: T,S () Delete
Name: MUSTAFA, SHAWON
Address: 2318 SAINT CROIX ST
City-St-Zip: KISSIMMEE, FL 34741 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: HOSSAIN, MOHAMMED T
Address: 413 ROBBINS REST CIRCLE
City-St-Zip: DAVENPORT, FL 33896 US

Title: VP (X) Change () Addition
Name: SALAHUDDIN, MOHAMMAD
Address: 2452 HOLLY PINE CIRCLE
City-St-Zip: ORLANDO, FL 32820 US

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

I hereby certify that the information supplied with this filing does not qualify 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: SHAWON MUSTAFA

T, S

04/28/2007

Electronic Signature of Signing Officer or Director

_____ Date