2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 511153

Entity Name: TRACKMASTER, INC.

FILED Mar 27, 2009 Secretary of State

Current Principal Place of Business: New P	rincipal Place of Business:
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4701 NE 12TH AVE . OAKLAND PARK, FL 33334

Current Mailing Address: New Mailing Address:

4701 NE 12TH AVE . OAKLAND PARK, FL 33334

FEI Number: 59-1688480 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

PARSONS, ROY D.
4701 NE 12TH AVENUE
OAKLAND PARK, FL 33334 US
PARSONS, ROY
4701 NE 12TH AVENUE
OAKLAND PARK, FL 33334 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: ROY PARSONS 03/27/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition Name: PARSONS, ROY D., Name: PARSONS, ROY

 Address:
 4701 NE 12TH AVENUE
 Address:
 4701 NE 12TH AVENUE

 City-St-Zip:
 OAKLAND PARK, FL 33334
 City-St-Zip:
 OAKLAND PARK, FL 33334

Title: ST/D () Delete Title: ST/D (X) Change () Addition Name: PARSONS, LUPE C., Name: PARSONS, LUPE

Address: 4701 NE 12TH AVENUE Address: 4701 NE 12TH AVENUE City-St-Zip: OAKLAND PARK, FL 33334 City-St-Zip: OAKLAND PARK, FL 33334

Title: V/D () Delete Title: () Change () Addition

 Name:
 PARSONS, BRUCE
 Name:

 Address:
 4701 NE 12TH AVENUE
 Address:

 City-St-Zip:
 OAKLAND PARK, FL 33334
 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: ROY PARSONS P 03/27/2009