2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 11, 2006 8:00 am Secretary of State

Molling Address Molling Ad	1. Entity Na	JMENT # 769450 TRACKERS, INC.				O.	4-11-2006 9	90121 040 ****6	51.25
Suite, Apt. 4, etc. Suite, Apt. 4, etc. Suite, Apt. 4, etc. City & State City & City & State City & City & State	1648 WOODLAND DRIVE 16		1648 WOODLAND DR	1648 WOODLAND DRIVE					
City & State Ci	Principal Place of Business 3. N		3. Mailing Address	Mailing Address					
Zip Country Zip Country Zip Country Sip-2348012	Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		04042006 _C	hg-NP	CR2E037 (11/05)	
E. Name and Address of Current Registered Agent T. Name and Address of New Registered Agent T. Name and Addre			City & State	City & State			2	- 1	
Name and Address of Current Registered Agent	Zip			Country		5. Certificate of St	atus Desired	□ \$8.75 Ad	ditional
Signature Signature Filing Fee is \$61.25 Due by May 1, 2006 10 OFFICERS AND DIRECTORS 11 OFFICERS AND DIRECTORS IN 10 OF		6. Name and Address of Current	Registered Agent		****	7. Name and Add	ress of New R		
ROCKLEDGE, FL 32955 8. The above named entity & FL Zip Code 8. The above named entity & Extraction of registered agent. Or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE SIGNAT	MCCONN	IAHA, JAMES D.		Name 					
8. The above named entity 60mits this statement for the purpose of changing its registered algent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered algent. Signature	ROCKLE	ODLAND DRIVE DGE, FL 32955		Street	Address (F	2.O. Box Number is Not Acceptable)			
8. The above named entity schmist his statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature		wee ²		City				Zin Coo	le
SIGNATURE Signature invoid Septend notine of implacend agent and size ill applicable. (NOTE: Registered Agent signature required when revisitating) DATE	8. The above named entity cobmits this statement for the purpose of changing its registered office or register					ed agent or both in	the State of Ele		
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10.		Signature, typed a printed name of registered agent	and title if applicable. (NOT	E: Registered Agent signs	ature required	when reinstating)		DATE	
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	12. I hereby o	ertify that the information supplied with	this filing does not qualify for		ontained is	n Chapter 119, Florid	da Statutes. I fi	irther certify that the in-	formation

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: