

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000000235

Entity Name: TRAX INVESTMENTS, INC.

FILED
Jul 23, 2009
Secretary of State

Current Principal Place of Business:

420 LAKE DRIVE
WINSTED, MN

New Principal Place of Business:

420 LAKE DRIVE
WINSTED, MN 55395

Current Mailing Address:

420 LAKE DRIVE
WINSTED, MN

New Mailing Address:

420 LAKE DRIVE
WINSTED, MN 55395

FEI Number: 20-2721211

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HALE, KATI V
15898 US HIGHWAY 27
LAKE WALES, FL 33859 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

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: P () Delete
Name: TRAXLER, KEITH A
Address: 711 PINE STREET
City-St-Zip: WACONIA, MN 55387

Title: VPST () Delete
Name: GILK, WILLIAM H
Address: 420 LAKE DRIVE
City-St-Zip: WINSTED, MN

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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: WILLIAM H GILK

VPST

07/23/2009

Electronic Signature of Signing Officer or Director

Date