2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 30, 2006
Secretary of State

DOCUMENT# L05000060054

Entity Name: INTELLATRACK, LLC

Current Principal Place of Business:

8145 MEADOWVIEW PLACE
TRINITY, FL 34655 US

New Principal Place of Business:

915 HARBOR LAKE CT
SUITE B
SAFETY HARBOR, FL 34695 US

Current Mailing Address:

8145 MEADOWVIEW PLACE
TRINITY, FL 34655 US

New Mailing Address:

915 HARBOR LAKE CT
SUITE B
SAFETY HARBOR, FL 34695 US

FEI Number: 20-3528202 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

YANNELLO, DEAN J
8145 MEADOWVIEW PLACE
TRINITY, FL 34655 US

Name and Address of New Registered Agent:

YANNELLO, DEAN J MGRM
915 HARBOR LAKE CT
SUITE B
SAFETY HARBOR, FL 34695 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: DEAN YANNELLO 08/30/2006
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: YANNELLO, DEAN J
Address: 8145 MEADOWVIEW PLACE
City-St-Zip: TRINITY, FL 34655 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: YANNELLO, DEAN J MGRM
Address: 915 HARBOR LAKE CT, STE B
City-St-Zip: SAFETY HARBOR, FL 34695 US

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 is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: DEAN YANNELLO MGRM 08/30/2006
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date