

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 21, 2006 08:00 AM
Secretary of State

DOCUMENT # L54281			
1. Entity Name TRACKING RAIL-REFRIGERATED & CARRIERS' EQUIPMENT, INC.			
Principal Place of Business 625 ATLANTIC BLVD. ATLANTIC BCH, FL 32233-4025 US		Mailing Address 625 ATLANTIC BLVD. ATLANTIC BCH, FL 32233-4025 US	
DO NOT WRITE IN THIS SPACE			
		01062006 No Chg-P CR2E034 (11/05)	
		4. FEI Number 59-2997449	
		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PLEIMAN, THOMAS C JR 9471 BAY MEADOW RD STE 308 JACKSONVILLE, FL 32256		DO NOT WRITE IN THIS SPACE	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		U00000524330 05/03/06-80108-012 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FRY, EDWARD, P 108 ANCILLA LANE PONTE VEDRA BCH, FL	DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FRY, DOROTHY, E 108 ANCILLA LANE PONTE VEDRA BCH, FL		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		1-22-06	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	