2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2008
Secretary of State

DOCUMENT# N07000011096

Entity Name: F.A.S.T. TRAK SPORTS GROUP INC

Current Principal Place of Business:

2217 CASCADIA CT.
SAINT AUGUSTINE, FL 32092

New Principal Place of Business:

Current Mailing Address:

2217 CASCADIA CT.
SAINT AUGUSTINE, FL 32092 US

New Mailing Address:

2217 CASCADIA CT.
SAINT AUGUSTINE, FL 32092

FEI Number: 77-0704864 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

WILSON, BYRON E
2217 CASCADIA CT.
SAINT AUGUSTINE, FL 32092 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

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: WILSON, BYRON E
Address: 2217 CASCADIA CT
City-St-Zip: SAINT AUGUSTINE, FL 32092 US

Title: VP ( ) Delete
Name: CASON, DARRELL L
Address: 1415 FLORIDA AVE NW APT. 204
City-St-Zip: WASHINGTON, DC 20009 US

Title: TREA ( ) Delete
Name: SANDERS, JERRIAN R
Address: 7801 TOWER RIDGE CT
City-St-Zip: JACKSONVILLE, FL 32216 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BYRON WILSON P 05/05/2008

Electronic Signature of Signing Officer or Director — Date