2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000007337

Name:

Title:

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Address:

City-St-Zip:

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KIDD JR, ROBERT

WILLIAMS, GLENDA

OCHOA, MARIA

6780 28 STREET SOUTH

1701 66TH AVENUE SOUTH

2698 GRANADA CIR. EAST

SAINT PETERSBURG, FL 33712

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SAINT PETERSBURG, FL 33712

SAINT PETERSBURG, FL 33712

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Entity Name: FAST FORWARD TRAK CLUB, INC.

FILED Apr 29, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business: P.O. BOX 10305 ST. PETERSBURG, FL 337330305 **Current Mailing Address: New Mailing Address:** P.O. BOX 10305 ST. PETERSBURG, FL 337330305 FEI Number: 59-3550490 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: OCHOA, MARIA HOGANS, LORENZO 2698 GRANADA CIR. EAST 2600 CASILLA WAY SOUTH SAINT PETERSBURG, FL 33712 SAINT PETERSBURG, FL 33712 US 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: LORENZO S. HOGANS 04/29/2005 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition HOGANS, LORENZO S Name: Name: 2600 CASILLA WAY SOUTH Address: Address: City-St-Zip: SAINT PETERSBURG, FL 33712 City-St-Zip: Title: () Delete Title: () Change () Addition COVINGTON, GISELA Name: Name: Address: P O BOX 11585 Address: City-St-Zip: SAINT PETERSBURG, FL 33733 City-St-Zip: Title: TD () Delete Title: () Change () Addition PARKER, ARELIA Name: Name: 6880 16TH WAY SOUTH Address: Address: City-St-Zip: SAINT PETERSBURG, FL 33712 City-St-Zip: Title: VPD () Delete Title: () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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.

Name:

Title:

Name:

Title:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip:

Address:

City-St-Zip:

SIGNATURE: LORENZO S. HOGANS PD 04/29/2005

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