

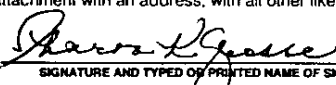


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2005 8:00 am
Secretary of State

03-24-2005 90027 011 ***150.00

DOCUMENT # P02000013464 1. Entity Name SANTA FE TRACE, INC.					
Principal Place of Business 1195 NW 66TH TERR MARGATE, FL 33063 US			Mailing Address 1195 NW 66TH TERR MARGATE, FL 33063 US		
2. Principal Place of Business 3497 Caddie Court Suite, Apt. #, etc. A-12		3. Mailing Address P.O. Box 322 Suite, Apt. #, etc.			
City & State Pompano Bch, FL		City & State Lawrence, Mi		4. FEI Number 01-0612596	
Zip 33069		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 49064		Country USA		01102005 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent GROSSE, ROY D 1195 NW 66TH TERR MARGATE, FL 33063			7. Name and Address of New Registered Agent Name Grosse, Roy D. Street Address (P.O. Box Number is Not Acceptable) 3497 Caddie Court - A12 A-12 City Pompano Beach FL Zip Code 33069		
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:  3-18-05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GROSSE, ROY D; 1195 NW 66TH TERR MARGATE, FL 33063	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	3497 Caddie Court - A-12 Pompano Beach, FL 33069
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV GROSSE, SHARON K 1195 NW 66TH TERR MARGATE, FL 33063	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.O. Box 322 Lawrence, Mi 49064
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT GROSSE, SHARON K 1195 NW 66TH TERR W PALM BCH, FL 33049	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.O. Box 322 - Lawrence, Mi 49064
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS GROSSE, SHARON K 1195 NW 66TH TERR MARGATE, FL 33063	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.O. Box 322 Lawrence, Mi 49064
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify 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 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				3-18-05 264-674 8958 <small>Date Daytime Phone #</small>	