## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000055973

Entity Name: FAST TRAX AUTO TRANSPORT, INC.

FILED Apr 30, 2008 Secretary of State

Current Principal Place of Business:	New Principal Place of Business

138 107TH AVE 138 107TH AVE SUITE 330 SUITE 330

TREASURE ISLAND, FL 337064716 TREASURE ISLAND, FL 337064716 US

Current Mailing Address: New Mailing Address:

138 107TH AVE 138 107TH AVE SUITE 330 SUITE 330

TREASURE ISLAND, FL 337064716 TREASURE ISLAND, FL 337064716 US

FEI Number: 61-1416885 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MCCORMICK, THOMAS 138 107TH AVE SUITE 330 TREASURE ISLAND, FL 337064716 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:

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 PD () Delete
 Title:
 PD (X) Change () Addition

 Name:
 MCCORMICK, THOMAS
 Name:
 MCCORMICK, THOMAS

 Address:
 138 107TH AVE, SUITE 330
 Address:
 138 107TH AVE, SUITE 330

City-St-Zip: TREASURE ISLAND, FL 337064716 City-St-Zip: TREASURE ISLAND, FL 337064716 US

Title: VD () Delete Title: VD (X) Change () Addition

 Name:
 MCCORMICK, MARY
 Name:
 MCCORMICK, MARY

 Address:
 138 107TH AVE, SUITE 330
 Address:
 138 107TH AVE, SUITE 330

City-St-Zip: TREASURE ISLAND, FL 337064716 City-St-Zip: TREASURE ISLAND, FL 337064716 US

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

SIGNATURE: THOMAS MCCORMICK P 04/30/2008