## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED May 06, 2005 8:00 am Secretary of State

DOCUMENT # P02000101243  1. Entity Name TRAEGER UTTERBACK, INC.								05-06-2005	90085 01	3 ***150	0.00
Principal Place of Business 12358 RIVERFALLS COURT BOCA RATON, FL 33428			Mailing Address 12358 RIVERFALLS COURT BOCA RATON, FL 33428								
2. Principal P	lace of Busin	3. Mailing Address									
Suite, Apt. #, etc.			Suite, Apt. #, etc.				04042005	Chg-P	CR2E0	34 (10/03)	
City & State			City & State				4. FEI Numb				optied For ot Applicable
Zip	Country Zip			,	Count	try	,	of Status Desired		\$8.75 Add Fee Require	
Name and Address of Current Registered Agent						Name	7. Name and	Address of New R	legistered A	igent	
UTTERBACK, MICHAEL L 12358 RIVERFALLS COURT BOCA RATON, FL 33428							(P.O. Box Numb	er is Not Acceptable	e)		- 11 <u>- 11 - 11 - 11 - 11 - 11 - 11 - 1</u>
						City			FL	Zip Cod	е
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											
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE											
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.   Added to Fees											
10.		OFFICERS AND	DIRECTORS		11.		ADDITIONS	/CHANGES TO OFF	ICERS AND	DIRECTOR	S IN 11
TITLE	D Delete TITL									☐ Change	Addition
NAME	UTTERBACK, MICHAEL L					E					_
STREET ADDRESS						ET ADDRESS					
CITY-ST-ZIP						-ST-ZIP					
TITLE NAME	20000				TITLE					Change	Addition
STREET ADDRESS	•					ET ADDRESS					
CITY-ST-ZIP						-ST-ZIP					
TITLE		·		☐ Delete	TITLE				-	☐ Change	☐ Addition
NAME	NAM					- I					
STREET ADDRESS CITY-ST-ZIP						ET ADDRESS -ST-ZIP					
TITLE	<u> </u>			☐ Delete	TITLE					☐ Change	☐ Addition
NAME				□ péiere	NAMI						☐ Addition
STREET ADDRESS						ET ADDRESS					
CITY-ST-ZIP					CITY-	-ST-ZIP					
TITLE NAME				Delete	TITLE					Change	☐ Addition
STREET ADDRESS						ET ADORESS					
CITY-ST-ZIP					CITY-	-ST-ZIP					
TITLE				☐ Delete	TITLE	I				Change	Addition
NAME STREET ADDRESS					NAMI	1					
CITY-ST-ZIP		1				ET ADDRESS -ST-ZIP					
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 report 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 any address, with all other like emplowered.											
SIGNATURE: ALLW LITTURED KEIN CHIEF BUCK 459.05 56-482-91/3											