


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 01, 2006 08:00 AM
Secretary of State

| | |
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| DOCUMENT # P03000011777 |  |
| 1. Entity Name FAST TRAX, INC. | |

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| Principal Place of Business 1000 NORTH COMBEE ROAD LAKELAND FL 33801 | Mailing Address 1000 NORTH COMBEE ROAD LAKELAND FL 33801 |
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|---|---|
| 2. Principal Place of Business 1000 N. COMBEE RD. | 3. Mailing Address 1000 N. COMBEE RD. |
| Suite, Apt. #, etc. N/A | Suite, Apt. #, etc. N/A |
| City & State LAKELAND - FLORIDA | City & State LAKELAND - FLORIDA |
| Zip 33801 Country U.S.A. | Zip 33801 Country U.S.A. |

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|---|--|
| 1st MOORE | CR2E034 (10/05) |
| 4. FEI Number 06-1675981 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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|---|---|
| 6. Name and Address of Current Registered Agent LALLU, HITESHKUMAR 1000 NORTH COMBEE ROAD LAKELAND FL 33801 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) N/A City FL Zip Code |
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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 _____ (NOTE: Registered Agent signature required when reinstalling) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00** May Be Added to Fees
Trust Fund Contribution. ☒

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D LALLU, HITESHKUMAR 1000 NORTH COMBEE ROAD LAKELAND FL 33801 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Add U000000414925 02/11/06-80058-001 155.00 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D LALLU, NARENDRA 1000 NORTH COMBEE ROAD LAKELAND FL 33801 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Add |
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 1 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE: VICE PRESIDENT - LALLU NARENDRA *Narendra Lallu* **01-25-06 (863)666-108**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #