


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 05, 2006 8:00 am**  
**Secretary of State**

05-05-2006 90170 049 \*\*\*150.00

<b>DOCUMENT # P03000028334</b> 1. Entity Name I/O TRAK, INC.	
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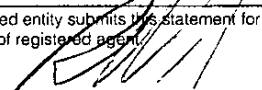
Principal Place of Business 2152 S. ORANGE BLOSSOM TRAIL, STE 100 APOPKA, FL 32703	Mailing Address P O BOX 540149 ORLANDO, FL 32854
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**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  
  
CT CORPORATION SYSTEM  
1200 S PINE ISLAND RD  
PLANATATION, FL 33324

**DO NOT WRITE  
IN THIS SPACE**

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  DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

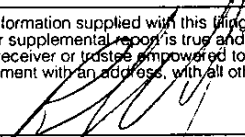
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P LIPPERT, RICHARD D JR 206 WESSEX RD. ALTAMONTE SPRINGS, FL 32714
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP Lippert, Karen E. 206 Wessex Rd Altamonte Spgs FL 32714
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:**  **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** \_\_\_\_\_ **Date** \_\_\_\_\_ **Daytime Phone #** \_\_\_\_\_