2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000055370

Entity Name: GUIDETRACK BUSINESS SERVICES, INC.

Apr 28, 2004 Secretary of State

Current Principal Place of Business:	New Principal Place of Business
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6220 S ORNAGE BLOSSOMTRAIL, STE 603 6220 S ORANGE BLOSSOM TRAIL, STE 603

ORLANDO, FL 32809 ORLANDO, FL 328094688

Current Mailing Address: New Mailing Address:

6220 S ORNAGE BLOSSOMTRAIL, STE 603 6220 S ORANGE BLOSSOM TRAIL, STE 603

ORLANDO, FL 328094688 ORLANDO, FL 32809 US

FEI Number: 87-0688477 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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

LIPNHARSKI, WAGNER LIPNHARSKI, WAGNER

6220 S ORNAGE BLOSSOMTRAIL, STE 603 6220 S ORANGE BLOSSOM TRAIL, STE 603

ORLANDO, FL 328094688 ORLANDO, FL 32809

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: WAGNER LIPNHARSKI 04/28/2004

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Name: Address:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: () Change () Addition

LIPNHARSKI, WAGNER Name: Name: 13438 MALLARD COVE BLVD Address: Address: City-St-Zip: ORLANDO, FL 328375314 City-St-Zip:

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

MAIA, PAULO ROBERTO Name: Name: MAIA, PAULO R

3837 DOUBLE EAGLE DR, APT 2722 3837 DOUBLE EAGLE DR, APT 2722 Address: Address:

ORLANDO, FL 328393521 ORLANDO, FL 328393521 City-St-Zip: City-St-Zip:

(X) Change () Addition Title: () Delete Title: REIS, ANGELA MARIA REIS, ANGELA M Name: Name:

13438 MALLARD COVE BLVD 13438 MALLARD COVE BLVD Address: Address:

City-St-Zip: ORLANDO, FL 328375314 City-St-Zip: ORLANDO, FL 328375314

Title: () Delete Title: () Change () Addition

GARCIA, CARMEN Name: 3837 DOUBLE EAGLE DR, APT 2722 Address: City-St-Zip: ORLANDO, FL 328393521 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: PAULO ROBERTO MAIA STD 04/28/2004