2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000055370

Entity Name: GUIDETRACK BUSINESS SERVICES INC

FILED Jun 29, 2005 Secretary of State

Entity Na	me: GUIDETI	RACK BUSINESS SERVICES,	, INC.					
Current P	Ne	New Principal Place of Business:						
	EHURST DR 9 D, FL 32819	SUITE 290 US						
Current M	Ne	New Mailing Address:						
	EHURST DR S D, FL 32819	SUITE 290 US						
FEI Number	: 87-0688477	FEI Number Applied For ()	FEI Numbei	Not App	licable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:				
LIPNHARSKI, WAGNER 6220 S ORANGE BLOSSOM TRAIL, STE 603 ORLANDO, FL 32809 US				LIPNHARSKI, WAGNER 13438 MALLARD COVE BLVD ORLANDO, FL 32837 US				
	e named entity e of Florida.	submits this statement for the	purpose of ch	anging i	ts registere	d office or registered agent, or	both,	
SIGNATURE:					06/29/2005			
	Electro	nic Signature of Registered Ag	ent			Date		
		93(2)(b), F.S., the corporation did n g Trust Fund Contribution ().	ot receive the p	orior notic	e.			
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:				
Title: Name: Address: City-St-Zip: Title: Name:	LIPNHARSKI, 1 13438 MALLAI ORLANDO, FL	RD COVE BLVD 328375314) Delete	Add City Title	me: dress: y-St-Zip:	PD LIPNHARSK 13438 MAL ORLANDO,	LARD COVE BLVD		
Address: City-St-Zip:	ORLANDO, FL		City	dress: y-St-Zip:				
Title: Name: Address: City-St-Zip:	REIS, ANGELA	RD COVE BLVD				() Change () Addition		
Title: Name: Address: City-St-Zip:	GARCIA, CARI	EAGLE DR, APT 2722				() Change () Addition		

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: WAGNER LIPNHARSKI PD 06/29/2005