

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000055370

FILED  
Apr 24, 2006  
Secretary of State

Entity Name: GUIDETRACK BUSINESS SERVICES, INC.

## Current Principal Place of Business:

5950 LAKEHURST DR SUITE 290  
ORLANDO, FL 32819 US

## New Principal Place of Business:

6220 S. ORANGE BLOSSOM TRAIL  
STE 603  
ORLANDO, FL 32809 US

## Current Mailing Address:

5950 LAKEHURST DR SUITE 290  
ORLANDO, FL 32819 US

## New Mailing Address:

6220 S. ORANGE BLOSSOM TRAIL  
STE 603  
ORLANDO, FL 32809 US

FEI Number: 87-0688477

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LIPNHARSKI, WAGNER  
13438 MALLARD COVE BLVD  
ORLANDO, FL 32837 US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: LIPNHARSKI, WAGNER  
Address: 13438 MALLARD COVE BLVD  
City-St-Zip: ORLANDO, FL 32837

Title: STD ( ) Delete  
Name: MAIA, PAULO R  
Address: 3837 DOUBLE EAGLE DR, APT 2722  
City-St-Zip: ORLANDO, FL 328393521

Title: D ( ) Delete  
Name: REIS, ANGELA M  
Address: 13438 MALLARD COVE BLVD  
City-St-Zip: ORLANDO, FL 328375314

Title: D ( ) Delete  
Name: GARCIA, CARMEN  
Address: 3837 DOUBLE EAGLE DR, APT 2722  
City-St-Zip: ORLANDO, FL 328393521

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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

DP

04/24/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date