2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000055370

City-St-Zip:

ORLANDO, FL 328393521

Entity Name: GUIDETRACK BUSINESS SERVICES, INC.

FILED Apr 04, 2007 Secretary of State

Current P	rincipal Plac	e of Business:	New Prince	New Principal Place of Business:		
	RANGE BLOS	SOM TRAIL				
STE 603 ORLANDO	D, FL 32809	US				
Current Mailing Address:			New Maili	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 App	licable ()	Certificate of Status Desired ()	
Name and	Address of	Current Registered Agent:	Name and	Address of	New Registered Agent:	
LIPNHARSKI, WAGNER 13438 MALLARD COVE BLVD ORLANDO, FL 32837 US			13438 MAI	LIPNHARSKI, WAGNER 13438 MALLARD COVE BLVD ORLANDO, FL 328375314 US		
	named entity of Florida.	submits this statement for the	purpose of changing	ts registered	office or registered agent, or both,	
SIGNATU	RE:			04/04/2007		
	Electro	nic Signature of Registered Ag	ent		Date	
Election Car	npaign Financir	ng Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:	LIPNHARSKI, 13438 MALLA ORLANDO, FL	RD COVE BLVD . 32837	Title: Name: Address: City-St-Zip:	LIPNHARSKI, 13438 MALLA ORLANDO, F	ARD COVE BLVD L 328375314	
Title: Name: Address: City-St-Zip:	MAIA, PAULO	EAGLE DR, APT 2722	Title: Name: Address: City-St-Zip:	MAIA, PAULO 2576 SAN TE	X) Change()Addition PR CLA ST, UNIT 103 L 328353210	
Title: Name: Address: City-St-Zip:	REIS, ANGEL	RD COVE BLVD	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	GARCIA, CAR) Delete MEN : EAGLE DR. APT 2722	Title: Name: Address:	GARCIA, CAF	X) Change()Addition RMEN CLA ST. UNIT 103	

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.

City-St-Zip: ORLANDO, FL 328353210

SIGNATURE: WAGNER LIPNHARSKI DP 04/04/2007