2006 FOR PROFIT

DRPORATION PORT

DOCH	TIADINA	# DUSU	0013693	7

1. Entity Name

TRACK DIMENSIONS, INC.



FILED Aug 30, 2006 08:00 All Secretary of State

Principal Place of Business

1124 NW 81 TER PLANTATION, FL 33322 Mailing Address

1124 NW 81 TER PLANTATION, FL 33322



## DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

05082006 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For 20-0418185 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

WARD, KENNETH R JR 1124 NW 81 TER PLANTATION, FL 33322

SIGNATURE:

## 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							
FILE NOWIII FEE IS \$150.00  Due by September 6, 2006  9. Election Campaign Finan Trust Fund Contribution.		ting 🗆	\$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10.	OFFICERS AND DIR	ECTORS			, , , , , , , , , , , , , , , , , , , ,		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP WARD, KENNETH R JR 1124 NW 81 TER PLANTATION, FL 33322						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV WARD, CHRISTINE 1124 NW 81 TER PLANTATION, FL 33322				000000575639 08/30/06-80006-007 150.00		
THILE NAME STREET ADDRESS CHY-ST-ZIP				DO	NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS					we May See		
CITY-ST-ZIP					2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
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.							