2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000082336

Entity Name: SECURETRAC INC.

FILED May 01, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

3266 HAVILAND CT. 4331 STONE RIVER CT

SUITE 302 NEW PORT RICHEY, FL 34653 PALM HARBOR, FL 34684

Current Mailing Address: New Mailing Address:

3266 HAVILAND CT. 4331 STONE RIVER CT

SUITE 302 NEW PORT RICHEY, FL 34653 PALM HARBOR, FL 34684

FEI Number: 30-0252826 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

WATERS, SHANNON
2747 VIA CAPRI#1122
WATERS, SHANNON
4331 STONE RIVER CT

CLEARWATER, FL 33764 US NEW PORT RICHEY, FL 34653 US

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: SHANNON WATERS 05/01/2006

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

 Name:
 WATERS, SHANNON
 Name:
 WATERS, SHANNON

 Address:
 2747 VIA CAPRI#1122
 Address:
 4331 STONES RIVER CT

 City-St-Zip:
 CLEARWATER, FL 33764
 City-St-Zip:
 NEW PORT RICHEY, FL 34653

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

 Name:
 CONTI, RUTH
 Name:

 Address:
 2392 OAK BEND DRIVE #1215
 Address:

 City-St-Zip:
 PALM HARBOR, FL 34683
 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: SHANNON WATERS P 05/01/2006