


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2007 8:00 am**  
**Secretary of State**

04-25-2007 90178 020 \*\*\*150.00

<b>DOCUMENT # P04000168327</b>					
<b>1. Entity Name</b> TRAIL CORPORATION, INC					
<b>Principal Place of Business</b> 175 FONTAINEBLEAU BLVD 1D3 MIAMI, FL 33172			<b>Mailing Address</b> 175 FONTAINEBLEAU BLVD 1D3 MIAMI, FL 33172		
<b>2. Principal Place of Business - No P.O. Box #</b>			<b>3. Mailing Address</b>		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		04122007    Chg-P    CR2E034 (12/06)	
<b>4. FEI Number</b> 20-4884530				Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  JEWETT, CHARLES H 175 FONTAINEBLEAU BLVD 1D3 MIAMI, FL 33172			<b>7. Name and Address of New Registered Agent</b> Name <u>Charles H Jewett SR</u> Street Address (P.O. Box Number is Not Acceptable) <u>175 Fontainebleau Blvd 1-D3</u> <u>MI</u> City <u>MIAMI</u> FL    Zip Code <u>33172</u>		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)    DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JEWETT, CHARLES H 175 FONTAINEBLEAU BLVD 1D3 MIAMI, FL 33172	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Charles H Jewett SR 175 Fontainebleau Blvd 1-D3 MIAMI FL 33172	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JEWETT, CHARLES H 175 FONTAINEBLEAU BLVD 1D3 MIAMI, FL 33172	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Charles H Jewett SR 175 Fontainebleau Blvd 1-D3 MIAMI FL 33172	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO JEWETT, CHARLES H 175 FONTAINEBLEAU BLVD 1D3 MIAMI, FL 33172	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Charles H Jewett SR 175 Fontainebleau Blvd 1-D3 MIAMI FL 33172	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>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 another like empowered.</b>					
<b>SIGNATURE:</b> _____ <u>Charles H Jewett SR</u> Date <u>APR 12/07</u>					