
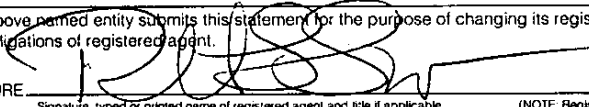



2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2006 8:00 am
Secretary of State

02-13-2006 90001 030 ***150.00

DOCUMENT # P05000019754 1. Entity Name TRACK INVESTMENTS, INC.					
Principal Place of Business 425 SOUTH COMMERCE AVE. SEBRING, FL 33870			Mailing Address 425 SOUTH COMMERCE AVE. SEBRING, FL 33870		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
SWAINE, ROBERT S 425 SOUTH COMMERCE AVE. SEBRING, FL 33870				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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. <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 40%;"> SIGNATURE:  <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 30%; text-align: center;"> 2-8-06 <small>DATE</small> </div> <div style="width: 30%; text-align: center;"> <small>(NOTE: Registered Agent signature required when reinstating)</small> </div> </div>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SWAINE, ROBERT S		NAME		
STREET ADDRESS	425 SOUTH COMMERCE AVE.		STREET ADDRESS		
CITY-ST-ZIP	SEBRING, FL 33870		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CARLSON, JEFFREY D		NAME		
STREET ADDRESS	3531 US HWY. 27 SOUTH		STREET ADDRESS		
CITY-ST-ZIP	SEBRING, FL 338705426		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ANDREWS, DANIEL F		NAME		
STREET ADDRESS	3531 US HWY. 27 SOUTH		STREET ADDRESS		
CITY-ST-ZIP	SEBRING, FL 338705426		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ANDREWS, JASON L		NAME		
STREET ADDRESS	3531 US HWY. 27 SOUTH		STREET ADDRESS		
CITY-ST-ZIP	SEBRING, FL 338705426		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GRIMM, GORDON		NAME		
STREET ADDRESS	3531 US HWY. 27 SOUTH		STREET ADDRESS		
CITY-ST-ZIP	SEBRING, FL 338705426		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CONWAY, GEORGE		NAME		
STREET ADDRESS	3531 US HWY. 27 SOUTH		STREET ADDRESS		
CITY-ST-ZIP	SEBRING, FL 338705426		CITY-ST-ZIP		
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.					
SIGNATURE: 			Robert S. Swaine 2-8-06(863)385-1549 <small>Daytime Phone #</small>		