2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000132774

Entity Name: TRACITAM, PA

FILED Apr 19, 2007 Secretary of State

| Current Principal Place of Business: | | | New Principal Place of | New Principal Place of Business: | |
|--|------------------------------------|---|--------------------------------------|--|--|
| 915 NW 20TH HOMESTEAD | STREET | US | | | |
| Current Mailing Address: | | | New Mailing Address: | New Mailing Address: | |
| 915 NW 20TH HOMESTEAD | | US | | | |
| FEI Number: 20- | 3512273 | FEI Number Applied For() | FEI Number Not Applicable () | Certificate of Status Desired () | |
| Name and Address of Current Registered Agent: | | | Name and Address of | Name and Address of New Registered Agent: | |
| TAM, TRACI 915 NW 20TH HOMESTEAD | | 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: | | | | | |
| Election Campai | | Signature of Registered Ager rust Fund Contribution (). | nt | Date | |
| OFFICERS AND DIRECTORS: | | | ADDITIONS/CHANGES | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | |
| Address: 91 | () De M, TRACI 5 NW 20TH STF | REET | Title: (Name: Address: City-St-7in: |) Change () Addition | |

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: TRACI TAM P 04/19/2007