

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2007 8:00 am
Secretary of State

01-16-2007 90207 025 ***150.00

DOCUMENT # P05000161083

1. Entity Name
YOUR FAST TRACK, INC.



Principal Place of Business
**412 COUNTRYSIDE KEY BLVD.
OLDSMAR, FL 34677**

Mailing Address
**412 COUNTRYSIDE KEY BLVD.
OLDSMAR, FL 34677**

60001052



2. Principal Place of Business - No P.O. Box #
518 North Tampa Street
Suite, Apt. #, etc.
Suite 320

3. Mailing Address
518 North Tampa Street
Suite, Apt. #, etc.
Suite 320

01092007 Chg-P CR2E034 (12/06)

City & State
Tampa, Florida
Zip
33602

City & State
Tampa, Florida
Zip
33602

4. FEI Number
20-4768683

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SULLIVAN, C.A.
311 SOUTH MISSOURI AVENUE
CLEARWATER, FL 33756**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
SULLIVAN, C.A. ☒ Delete
311 SOUTH MISSOURI AVE
CLEARWATER, FL 33756

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DVP
PAVAGADHI, PRASH ☒ Delete
412 COUNTRYSIDE KEY BLVD.
OLDSMAR, FL 34677

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DS
WOOD, JR., SHELTON ☒ Delete
8485 CHALSWORTH
SPRINGHILL, FL 34608

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DT
RAMCHARRAN, RAM ☒ Delete
5045 JEWELL TERRACE
PALM HARBOR, FL 34685

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP ☐ Change ☒ Addition
Pavagadhi, Prash
412 Countryside Key Blvd.
Oldsmar, FL 34677

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DVP ☐ Change ☒ Addition
Sullivan, C.A.
311 South Missouri Avenue
Clearwater, FL 33756

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DS ☐ Change ☒ Addition
Ratra, Rajeev
518 North Tampa Street, Suite 320
Tampa, FL 33602

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DT ☐ Change ☒ Addition
Rajani, Vakesh
518 North Tampa Street, Suite 320
Tampa, FL 33602

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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:

[Signature]

C.A. Sullivan, VP

1/10/07

(727) 461-1111

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #