

FILED
Apr 27, 2007 8:00 am
Secretary of State

04-27-2007 90209 010 ***150.00

2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P06000004475			
1. Entity Name TRACK LOGISTICS GROUP, INC.			
Principal Place of Business 2120 MADISON IVY CIRCLE APOPKA, FL 32712		Mailing Address 2120 MADISON IVY CIRCLE APOPKA, FL 32712	
2. Principal Place of Business - No P.O. Box # 7800 Southland Blvd.		3. Mailing Address 7800 Southland Blvd	
Suite, Apt. #, etc. 111 - Suite		Suite, Apt. #, etc. 111 - Suite	
City & State Orlando, Florida		City & State Orlando, Florida	
Zip 32809	Country USA	Zip 32809	Country USA
4. FEI Number 20-4062995		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent VAN-MARY, AKMANN 2120 MADISON IVY CIRCLE APOPKA, FL 32712		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 _____ (NOTE: Registered Agent signature required when registering) 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD VAN-MARY, AKMANN 2120 MADISON IVY CIRCLE APOPKA, FL 32712 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD BARKER, BRETT 2120 MADISON IVY CIRCLE APOPKA, FL 32712 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	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 its 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: <u>Matthew B. Barker</u>		MATTHEW B BARKER 4/24/07 804-2200	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	