FILED Mar 14, 2007 8:00 am Secretary of State

2007	FOR	PRO!	FIT	CO	RP'	ORA	TI	OI	N
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DOCUMENT # P06000091332 1. Entity Name TREK GROUP, INC.						The second secon	03-14-2007	90040	002 ***1	50.00
Principal Plac	ce of Business	Ma	ailing Address		I	1	~~~,	LUU		
· '	NADE COURT	5	5342 COLONADE COURT CAPE CORAL, FL 33904			 				
2. Principal F	Place of Business - No P.O. Box #	3. 1	3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			02202007	Chg-P	CR2E0	34 (12/06)	
City & State			City & State			4. FEI Number	0-0369		3 No	oplied For ot Applicable
Zip	Country		Zip	Cour	try	5. Certificate of			\$8.75 Add Fee Require	
	6. Name and Address of Cur	rent Regisi	tered Agent		Name	7. Name and A	ddress of New Re	gistered /	Agent	
KOVACH,	ROBERT M				TVLITTE					
5342 COL	ONADE COURT RAL, FL 33904				Street Address ((P.O. Box Number	is Not Acceptable)	l		
					City			FL	Zip Cod	le
8. The above	e named entity submits this stateme	ent for the p	urpose of changing its	register	d office or register	red agent, or both,	in the State of Flor		familiar with,	and accept
SIGNATURE.	tions of registered agent.									:
	Signature, typed or printed name of registered	agent and title i	l'applicable. (NOT	E: Registere	d Agent signature required	d when reinstating)		DATE		
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$5		9. Election Campa Trust Fund Cont			.00 May Be led to Fees				
After M	ay 1, 2007 Fee will be \$5	50.00	Trust Fund Cont			led to Fees	HANGES TO OFFIC	DERS AND	DIRECTOR:	S IN 11
10.	ay 1, 2007 Fee will be \$5 OFFICERS	50.00	Trust Fund Cont	ribution.	Ādd	led to Fees	HANGES TO OFFIC	CERS AND	DIRECTOR:	S IN 11
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10. TITLE NAME STREET ADDRESS	OFFICERS D KOVACH, ROBERT M 5342 COLONADE COURT	50.00	Trust Fund Cont	11. TITLE NAM STRE	Add	led to Fees	HANGES TO OFFIC	CERS AND		
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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 AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR