

2008 FOR PROFIT CORPORATION ANNUAL REPORT

05-01-2008 90192 018 ***150.00

FILED P07000132039

SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 JUN 11 AM 8:17

DOCUMENT # P07000132039					
1. Entity Name GEAR TRAX INC.					
Principal Place of Business 1460 N. GOLDENROD ROAD 135 ORLANDO, FL 32807			Mailing Address 1460 N. GOLDEN ROD ROAD 135 ORLANDO, FL 32807		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number ☒ Applied For ☐ Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SARYOUL, MUHAMMAD H 1460 NORTH GOLDEN ROD ROAD 135 ORLANDO, FL 32807			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 _____ DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		10. Additional Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P SARYOUL, MUHAMMAD H ☐ Delete 1460 NORTH GOLDEN ROD ROAD, SUITE 135 ORLANDO, FL 32807		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SEC SARYOUL, MUHAMMAD H ☐ Delete 1460 NORTH GOLDEN ROD ROAD, SUITE 135 ORLANDO, FL 32807		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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: <u>April 05 - 08</u>		