2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000005026

Name:

Address: City-St-Zip: HUSEMAN, WILLIAM R ESQ

JACKSONVILLE, FL 32217

6320 ST. AUGUSTINE ROAD BLDG #12

Entity Name: TRACKING SYSTEMS OF AMERICA

FILED May 01, 2006 Secretary of State

Entity Nan	ne: TRACKING	SYSTEMS OF AMERICA, I	NC.			
Current Principal Place of Business:			New Prince	New Principal Place of Business:		
8849 SAN . N/A	JOSE BLVD					
JACKSON'	VILLE, FL 32217	7 US				
Current Ma	ailing Address:	1	New Maili	ng Address	: :	
	JOSE BLVD					
N/A JACKSON	VILLE, FL 32217	7 US				
FEI Number:	59-3162376	FEI Number Applied For ()	FEI Number Not Appl	icable ()	Certificate of Status Desired ()	
Name and	Address of Cu	rrent Registered Agent:	Name and	Name and Address of New Registered Agent:		
6320 ST AU BLDG #12 JACKSON	VILLE, FL 32217 named entity su of Florida.	AD- LAW OFFICES 7 US	purpose of changing i	ts registered	d office or registered agent, or both	Ι,
	Electronic	Signature of Registered Ag	ent	Date		
		2)(b), F.S., the corporation did n Trust Fund Contribution ().	ot receive the prior notic	e.		
	AND DIRECTO	• •	ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:	D () D JACKSON, HAMP 1101 RIVERVIEW FT. WASHINGTON	TON J., M.D. / PLACE	Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	DCP () D MINOR, CHARLES 9589 WHITTINGTO JACKSONVILLE, I	S ON DR.	Title: Name: Address: City-St-Zip:	MINOR, CHA 300 BAY PO	(X) Change ()Addition ARLES IINT WAY SOUTH LLE, FL 32259	
Title:	DST ()D	elete	Title	DST	(Y) 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.

Name:

Address:

City-St-Zip:

HUSEMAN, WILLIAM R ESQ

JACKSONVILLE, FL 32217

3733 UNIVERSITY BLVD. WEST #210-B

SIGNATURE: CHARLES MINOR DCP 05/01/2006