

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000091234

Entity Name: TRACSTAR SYSTEMS, INC.

FILED
Mar 24, 2009
Secretary of State

Current Principal Place of Business:

1551 COLLEGE PARK BUSINESS CENTER DRIVE
ORLANDO, FL 32804

New Principal Place of Business:

Current Mailing Address:

1551 COLLEGE PARK BUSINESS CENTER DRIVE
ORLANDO, FL 32804

New Mailing Address:

FEI Number: 59-3411960

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PROVENCHER, DAVID A
10104 NEWINGTON DRIVE
ORLANDO, FL 32836 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CEO () Delete
Name: RABY, PETE
Address: 1551 COLLEGE PARK BUSINESS CENTER DRIVE
City-St-Zip: ORLANDO, FL 32804

Title: PD () Delete
Name: PROVENCHER, DAVID
Address: 1551 COLLEGE PARK BUSINESS CENTER DRIVE
City-St-Zip: ORLANDO, FL 32804

Title: VD () Delete
Name: HADLEY, CHRIS
Address: 1551 COLLEGE PARK BUSINESS CENTER DRIVE
City-St-Zip: ORLANDO, FL 32804

Title: D () Delete
Name: RABY, PETE
Address: 1551 COLLEGE PARK BUSINESS CENTER DRIVE
City-St-Zip: ORLANDO, FL 32804

Title: D () Delete
Name: HADLEY, CHRIS
Address: 1551 COLLEGE PARK BUSINESS CENTER DRIVE
City-St-Zip: ORLANDO, FL 32804

Title: D () Delete
Name: PROVENCHER, DAVID
Address: 1551 COLLEGE PARK BUSINESS CENTER DRIVE
City-St-Zip: ORLANDO, FL 32804

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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.

SIGNATURE: DAVID A PROVENCHER

PD

03/24/2009

Electronic Signature of Signing Officer or Director

Date