2007 FOR PROFIT CORPORATION FILED ANNUAL REPORT Feb 26, 2007 08:00 A Secretary of State DOCUMENT # P98000008880 **FASTRAC INVESTMENT CORPORATION** Mailing Address Principal Place of Business 810 SATURN STREET SUITE 25 **810 SATURN STREET SUITE 25** JUPITER, FL 33477 JUPITER, FL 33477 02052007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number 65-0808681 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE BLY, LEO **810 SATURN STREET SUITE 25** JUPITER FL 33477 IN THIS SPACE 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, typed or printed name of registered agent and title it applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE BLY, LEO NAME 810 SATURN STREET SUITE 25 STREET ADDRESS JUPITER, FL 33477 CITY-ST-7/P BLY, PATRICK NAME 810 SATURN ST #25 STREET ADDRESS JUPITER, FL 33477 CITY-ST-ZIP

03/07/07-80041-017 150.00

Applied For

Not Applicable

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

DO NOT WRITE IN THIS SPACE

12. Thereby certify that the information supplied with this filling 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:

CITY-ST-ZIP TIT! F NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

> SIGNATURE AND TYPED OR TED NAME OF SIGNING OFFICER OR DIRECTOR

Daytima Phone #