


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 31, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # S01895</b>	
1. Entity Name <b>TRAILS FIDELITY CORPORATION</b>	

Principal Place of Business <b>43309 U.S. HWY 19 NORTH TARPON SPRINGS, FL 34689 US</b>	Mailing Address <b>P O BOX 1608 TARPON SPRINGS, FL 34688-1608 US</b>
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01172006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3033590</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fees Required

6. Name and Address of Current Registered Agent  <b>FRIEDLAND, LEWIS M. 43309 U S HWY 19 N TARPON SPRINGS, FL 34689</b>
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**DO NOT WRITE  
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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

000000412347  
02/10/06-80044-007 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GILLS, JAMES P. 43309 U S HWY 19 N TARPON SPRINGS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP FRIEDLAND, LEW 43309 U S HWY 19 N TARPON SPRINGS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OST FORD, DAVID S. 43309 U S HWY 19 N TARPON SPRINGS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:  **LEN FRIEDLAND** 4/18/06 (727) 942-2581  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #