


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 16, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # F05000006411

1. Entity Name  
 TRACTMANAGER, INC.



Principal Place of Business  
 PARK 80 WEST, PLAZA II, 4TH FLOOR  
 SADDLE BROOK, NJ 07663

Mailing Address  
 TWO UNION SQUARE, SUITE 304  
 CHATTANOOGA, TN 37402



07092007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
 38-3668883

Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION, FL 33324

**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**  
**Due by September 14, 2007**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT JEFFREY, SCOTT PARK 80 WEST, PLAZA II, 4TH FLOOR SADDLE BROOK, NJ 07663
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C RIZK, THOMAS A PARK 80 WEST, PLAZA II, 4TH FLOOR SADDLE BROOK, NJ 07663
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MILLER, RICKY TWO UNION SQUARE, SUITE 304 CHATTANOOGA, TN 37402
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000768954  
 07/16/07-80008-008 150.00

**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: Ricky Miller Ricky Miller 7/9/07 473-267-9800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #