


2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P38164
 1. Entity Name
 ALL AMERICAN TRACKS CORPORATION



Principal Place of Business Mailing Address
 1231 COOPER FOSTER PARK RD 778 SUNRISE DR
 LORAIN, OH 44053 US AMHERST, OH 44001 US

FILED
 06 MAY -8 AM 10:30
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



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03142006 No Chg-P CR2E034 (11/05)

4. FEI Number 31-1208308	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

~~FRED BILUS~~
 690 FAIRMEREAD CIRCLE
 LONGWOOD, FL 32750

Joseph J. KOZAR
 2810 Estero Blvd.
 FT. Meyers Beach, FL.
 33931

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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: Joseph J. Kozar DATE: 4-15-06
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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPT KOZAR, JOSEPH J. 778 SUNRISE DR. AMHERST, OH
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCV KOZAR, SANDRA 778 SUNRISE DR. AMHERST, OH
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KOZAR, SANDRA 778 SUNRISE DR. AMHERST, OH
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>TS 5/15/04</u>

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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: Joseph J. Kozar Date: 4-15-06 Daytime Phone #: 440-988-8050
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR