



**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 30, 2006 8:00 am**  
**Secretary of State**

01-30-2006 90038 024 \*\*\*\*61.25

DOCUMENT # F04000002041					
1. Entity Name RACEBROOK, INC.					
Principal Place of Business 590 COLUMBUS AVENUE THORNWOOD, NY 10594		Mailing Address 590 COLUMBUS AVENUE THORNWOOD, NY 10594			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 96-1380740	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CORPDIRECT AGENTS, INC. 515 E. PARK AVE. TALLAHASSEE, FL 32301			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
				<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PCD	<input checked="" type="checkbox"/> Delete	TITLE	P/D/C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BANNON, ANTHONY		NAME	Thomas Moylan	
STREET ADDRESS	582 COLUMBUS AVENUE		STREET ADDRESS	432 Liguori Rd.	
CITY-ST-ZIP	THORNWOOD, NY 10594		CITY-ST-ZIP	Edgerton, WI 53534	
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SABADELL, JUAN		NAME	Jon Budke	
STREET ADDRESS	582 COLUMBUS AVENUE		STREET ADDRESS	8077 South Quince Circle	
CITY-ST-ZIP	THORNWOOD, NY 10594		CITY-ST-ZIP	Centennial, CO 80112	
TITLE	STD	<input checked="" type="checkbox"/> Delete	TITLE	S/T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELLIS, STEPHEN		NAME	Jose F. Ortega	
STREET ADDRESS	582 COLUMBUS AVENUE		STREET ADDRESS	582 Columbus Avenue	
CITY-ST-ZIP	THORNWOOD, NY 10594		CITY-ST-ZIP	Thornwood, NY 10594	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCILMAIL, EDWARD		NAME		
STREET ADDRESS	475 OAK AVENUE		STREET ADDRESS		
CITY-ST-ZIP	CHESHIRE, CT 06410		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Juan Sabadell	
STREET ADDRESS			STREET ADDRESS	582 Columbus Avenue	
CITY-ST-ZIP			CITY-ST-ZIP	Thornwood, NY 10594	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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 617, 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: 		1/25/2006		(914)773-1368	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	