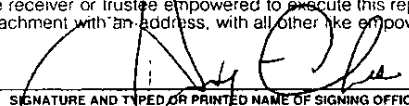


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 01, 2006 8:00 am
Secretary of State

03-01-2006 90033 039 ***150.00

DOCUMENT # L68923 1. Entity Name ANGUS RACING INC.																											
Principal Place of Business 20262 NE 15 COURT NORTH MIAMI BEACH FL 33179		Mailing Address 20262 NE 15 COURT NORTH MIAMI BEACH FL 33179																									
2. Principal Place of Business 4650 SW. 51ST STREET SUITE 701		3. Mailing Address 4650 SW. 51ST STREET SUITE 701																									
City & State DAVIE FL		City & State DAVIE FL																									
Zip 33314		Zip 33314																									
Country BROWARD		Country BROWARD																									
4. FEI Number 65-0192237		Applied For ☐ Not Applicable																									
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent LEE, HARRY 20262 NE 15TH COURT N. MIAMI BCH. FL 33179		7. Name and Address of New Registered Agent Name LEE, HARRY. Street Address (P.O. Box Number is Not Acceptable) 4650 SW. 51ST STREET SUITE 701 City DAVIE FL Zip Code 33314																									
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 _____ (NOTE: Registered Agent signature required when re-registering)																											
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees																									
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;"> TITLE P NAME LEE, HARRY STREET ADDRESS 10130 SHERIDAN STREET CITY-ST-ZIP POMBROKE PINES FL </td> <td style="width:50%; text-align: right;"> ☐ Delete </td> </tr> <tr> <td> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="text-align: right;"> ☐ Delete </td> </tr> <tr> <td> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="text-align: right;"> ☐ Delete </td> </tr> <tr> <td> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="text-align: right;"> ☐ Delete </td> </tr> <tr> <td> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="text-align: right;"> ☐ Delete </td> </tr> <tr> <td> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="text-align: right;"> ☐ Delete </td> </tr> </table>		TITLE P NAME LEE, HARRY STREET ADDRESS 10130 SHERIDAN STREET CITY-ST-ZIP POMBROKE PINES FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;"> TITLE D NAME STREET ADDRESS CITY-ST-ZIP POMBROKE PINES, FL 33026 </td> <td style="width:50%; text-align: right;"> ☐ Change ☐ Addition </td> </tr> <tr> <td> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="text-align: right;"> ☐ Change ☐ Addition </td> </tr> <tr> <td> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="text-align: right;"> ☐ Change ☐ Addition </td> </tr> <tr> <td> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="text-align: right;"> ☐ Change ☐ Addition </td> </tr> <tr> <td> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="text-align: right;"> ☐ Change ☐ Addition </td> </tr> <tr> <td> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="text-align: right;"> ☐ Change ☐ Addition </td> </tr> </table>		TITLE D NAME STREET ADDRESS CITY-ST-ZIP POMBROKE PINES, FL 33026	☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: 		HARRY E. LEE 2/7/06. (954) 327-7317																									
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #																									