2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2009
Secretary of State

DOCUMENT# N93000001241

Entity Name: LIVING LEGENDS OF AUTO RACING, INC.

Current Principal Place of Business:

2400 S RIDGEWOOD AVE
SUNSHINE MALL
DAYTONA BEACH, FL 32119

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 290854
PORT ORANGE, FL 32129

New Mailing Address:

FEI Number: 59-3178027 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FOX, RAYMOND
1432 GOLFVIEW DR.
DAYTONA BEACH, FL 32114 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	VP	( ) Delete
Name:	COOLIDGE, ROBERT	
Address:	3860 BIRD DOG LANE	
City-St-Zip:	DELAND, FL 32724	
Title:	D	( ) Delete
Name:	PEOPLES, JOHN	
Address:	19 SAN JOSE CIRCLE	
City-St-Zip:	ORMOND BEACH, FL 32176	
Title:	T	( ) Delete
Name:	BURDICK, DEBORAH	
Address:	344 S ATLANTIC AVE.	
City-St-Zip:	DAYTONA BEACH, FL 32118	
Title:	S	( ) Delete
Name:	MANDALA, PAULETTE	
Address:	14 N VENETIAN WAY	
City-St-Zip:	DAYTONA BEACH, FL 32127	
Title:	PD	( ) Delete
Name:	RAYMOND FOX,	
Address:	1432 GOLF VIEW DR.	
City-St-Zip:	DAYTONA BEACH, FL	
Title:	D	( ) Delete
Name:	WEST, JOHN	
Address:	817 LITTLETOWN ROAD	
City-St-Zip:	PORT ORANGE, FL 32127	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DEBORAH BURDICK TRES 01/29/2009

Electronic Signature of Signing Officer or Director — Date