

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000005582

Entity Name: PINNACLE MOTOR CLUB, INC.

FILED
Apr 11, 2006
Secretary of State

Current Principal Place of Business:

6500 N BELT LINE ROAD
SUITE 200
IRVING, TX 75063

New Principal Place of Business:

Current Mailing Address:

6500 N BELT LINE ROAD
SUITE 200
IRVING, TX 75063

New Mailing Address:

FEI Number: 43-1980573

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: DAVIS, ALISA E
Address: 3801 WILLIAM D TATE SUITE 800
City-St-Zip: GRAPEVINE, TX 76051

Title: D () Delete
Name: ANDERSON, PETER R
Address: 6500 N. BELT LINE ROAD
City-St-Zip: IRVING, TX 75063

Title: VP (X) Delete
Name: STROUP, HENRY P
Address: 900 N. LAKE HAVASU AVE
City-St-Zip: LAKE HAVASU CITY, AZ 86403

Title: D () Delete
Name: JENSEN, JEFFREY J
Address: 6500 N. BELT LINE ROAD, SUITE 200
City-St-Zip: IRVING, TX 75063

Title: S () Delete
Name: PAGEL, CINDY
Address: 6500 N. BELT LINE ROAD, SUITE 200
City-St-Zip: IRVING, TX 75063

Title: P () Delete
Name: JOSEPH, BRIAN
Address: 6500 N. BELT LINE ROAD, SUITE 170
City-St-Zip: IRVING, TX 75063

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: KRYZSIK, MATTHEW
Address: 6500 N BELT LINE ROAD #170
City-St-Zip: IRVING, TX 75063

Title: TVP (X) Change () Addition
Name: ANDERSON, PETER R
Address: 6500 N. BELT LINE ROAD
City-St-Zip: IRVING, TX 75063

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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CINDY D PAGEL

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04/11/2006

Electronic Signature of Signing Officer or Director

Date