


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 03, 2004 8:00 am
Secretary of State

03-03-2004 90010 024 ***150.00

DOCUMENT # 461547	
1. Entity Name RALLYE MOTORS, INC.	

Principal Place of Business 1749 SW COLLEGE ROAD OCALA FL 34474 US	Mailing Address 1749 SW COLLEGE ROAD OCALA FL 34474 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 59-1553732	Applied For Not Applicable
Zip	Country	Zip	Country



MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent ELLER, KEVIN 1749 SW COLLEGE RD. OCALA FL 34474		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004: 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS SULLIVAN, MELISSA H <input type="checkbox"/> Delete 246 MONTEREY ROAD PALM BEACH FL 34480
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD BOSTIC, WANDA <input type="checkbox"/> Delete 3000 N. MAIN ST. GAINESVILLE FL 32609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SMITH, CHARLES <input type="checkbox"/> Delete 1749 SW COLLEGE ROAD OCALA FL 34474
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SMITH, CHRIS <input type="checkbox"/> Delete 1749 SW COLLEGE ROAD OCALA FL 34474
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SULLIVAN, BARBARA <input type="checkbox"/> Delete 481 MAIN STREET WILBRAHAM MA 01095
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SULLIVAN, ART <input type="checkbox"/> Delete 246 MONTEREY ROAD PALM BEACH FL 33480

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS Melissa H. Sullivan <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1000 Indian Road Palm Beach, FL 33480
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Crown, Charlie <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1749 SW College Rd. Ocala, FL 34474
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Art Sullivan <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1000 Indian Road Palm Beach, FL 33480

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  **3/1/04** 352-732-6035
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #