2		R PROFIT (ANNUAL R	CORPORATIO EPORT	N	F	eb 14, 20	/ED 07 8:00 am
DOCUMENT # 461547 1. Entity Name RALLYE MOTORS, INC.					Secretary of State 02-14-2007 90062 015 ***150.00		
Principal Place of Business Mailing Address 1749 SW COLLEGE ROAD 1749 SW COLLEGE ROAD OCALA, FL 34474 US OCALA, FL 34474 US			749 SW COLLEGE ROAD				
E			N THIS SPA	CE	02052007 No Chg-P CR2E034 (11/05) 4. FEI Number Applied For 59-1553732 Not Applicable 5. Certificate of Status Desired \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent ELLER, KEVIN 1749 SW COLLEGE RD. OCALA, FL 34474						NOT WR THIS SPA	
the obligat SIGNATURE	Signature, typed or printed	gent. name of registered agent and title		ed Agent signature required		th, in the State of Florida	. I am familiar with, and accept DATE
10. TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME	OFFICERS AND DIRECTORS V ELLER, KEVIN 1749 SOUTHWEST COLLEGE ROAD						
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	3000 N. MAIN S GAINESVILLE, I V SMITH, CHARLI 1749 SW COLLI OCALA, FL 344	T. FL 32609 ES EGE ROAD		DO NOT WRITE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SMITH, CHRIS 1749 SW COLLI OCALA, FL 344	IN THIS SPACE					
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	D SULLIVAN, BAR 481 MAIN STRE WILBRAHAM, M PD						
NAME STREET ADDRESS CITY-ST-ZIP	SULLIVAN, ART 1000 INDIAN RD. PALM BEACH, FL 33480 certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. Florida Statutes, I further certify that the information 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 proration or the receiver or frustee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 10 or Block 11 if t, or on an attachment with an oddress, with gli other like empowered.						v odili the the later with
indicated of the cor changed.		polemental report is true a ver or trustee empowered t with an address, with gi	and accurate and that my signa and accurate and that my signa to execute this report as required.		2/6/(er certify that the information that I am an officer or director bears in Block 10 or Block 11 if 732-6035
		ATURE AND TYPED OR PRINTED	NAME OF SIGNING OFFICER OR DIREC	TOR		Dale	Daytime Phone #





Attachmend to 2007 Corporation Annual Report

Document #461547

Rallye Motors, Inc.

to add Director:

Title	Director			
Name	Molly Noonan			
address	1469 N. Lake Way			
City st zip	Palm Beach, FL 33480			

5 2/6/07 _____

Kevin Eller