2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2005
Secretary of State

DOCUMENT# 499479

Entity Name: BOB'S SPACE RACERS, INC.

Current Principal Place of Business:

427 15TH STREET
HOLLY HILL, FL 32117

New Principal Place of Business:

Current Mailing Address:

427 15TH STREET
HOLLY HILL, FL 32117

New Mailing Address:

FEI Number: 59-1662454 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CASSATA, ROBERT C.
427 15TH ST.
HOLLY HILL, FL 32017 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: CDS ( ) Delete
Name: CASSATA, ROBERT C.,
Address: 648 PILOT ROAD
City-St-Zip: NORTH PALM BEACH, FL 33408

Title: STD ( ) Delete
Name: CASSATA, JOYCE,
Address: 648 PILOT ROAD
City-St-Zip: NORTH PALM BEACH, FL 33408

Title: P ( ) Delete
Name: MENDES, JR, JOHN F,
Address: 109 HERITAGE CIR
City-St-Zip: ORMOND BEACH, FL

Title: V ( ) Delete
Name: COOK, JACK,
Address: 24 WINDING CREEK WAY
City-St-Zip: ORMOND BEACH, FL

Title: V ( ) Delete
Name: LANE, MICHAEL S
Address: 6085 SANCTUARY GARDEN BLVD
City-St-Zip: PORT ORANGE, FL 32128

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:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MICHAEL S LANE V 03/17/2005

Electronic Signature of Signing Officer or Director — Date