2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

Mar 30, 2006 8:00 am Secretary of State DOCUMENT # 757767 1. Entity Name 03-30-2006 90032 048 ****61.25 SOUTH FLORIDA TROTTING CENTER, INC. Principal Place of Business Mailing Address 1801 S. FEDERAL HWY 7563 STATE ROAD 7 SUITE 300 DELRAY BEACH FL 33483 LAKE WORTH FL 33467 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) Applied For City & State City & State 4. FEI Number 59-2098051 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CHERRY, ERIC Street Address (P.O. Box Number is Not Acceptable) 1801 S. FEDERAL HWY #300 **DELRAY BEACH FL 33483** Zip Code 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing **\$5.00** May Be Make Check Payable to Trust Fund Contribution. Florida Department of State Due By May 1, 2006 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. ☐ Change Addition Delete TITLE THILE DAISEY, GENE E NAME 5505 FAIRWAY PARK DR #205 STREET ADDRESS STREET ADDRESS BOYNTON BEACH FL 33437 CITY-ST-ZIP CfTY-ST-7IP Delete ■ Addition TITLE TITLE CHERRY, ERIC NAME NAME 1801 S. FEDERAL HWY #300 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DELRAY BEACH FL 33483. CITY-ST-ZIF ☐ Chance ☐ Addition ☐ Delete TITLE NAME MAME CHERRY, VERONICA 1801 S. FEDERAL HWY #300 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DELRAY BEACH FL 33483 CITY-ST-ZIP ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or applymental report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the recovery or trustee empowered to execute this report as required by Chapter 617. Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attaching the with an address, with all other like empowered.

SIGNATURE:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-21-06 (56) 272-5667

FILED