

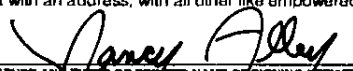


**FILED**  
**Apr 10, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F74111</b> 1. Entity Name PROFILE RACING, INC.				<b>Apr 10, 2008 08:00</b> <b>Secretary of S</b>		
Principal Place of Business % JAMES L. ALLEY 4803 95TH STREET NORTH ST. PETERSBURG, FL 33708		Mailing Address % JAMES L. ALLEY 4803 95TH STREET NORTH ST. PETERSBURG, FL 33708				
<b>DO NOT WRITE IN THIS SPACE</b>				01242008 No Chg-P CR2E034 (11/05)		
				4. FEI Number 22-1921633		
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent ALLEY, JAMES L 5290 95TH STREET NORTH ST. PETERSBURG, FL 33708				<b>DO NOT WRITE IN THIS SPACE</b>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____						
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees				
10. OFFICERS AND DIRECTORS		<b>DO NOT WRITE IN THIS SPACE</b>				
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PV ALLEY, JAMES L 7496 DREW OAK DRIVE SEMINOLE, FL 33772					
TITLE NAME STREET ADDRESS CITY- ST- ZIP	ST ALLEY, NANCY A 7496 DREW OAK DRIVE SEMINOLE, FL 33772					
TITLE NAME STREET ADDRESS CITY- ST- ZIP						
TITLE NAME STREET ADDRESS CITY- ST- ZIP						
TITLE NAME STREET ADDRESS CITY- ST- ZIP						
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  Nancy Alley 4/8/2008 727-391-7370 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone</small>						