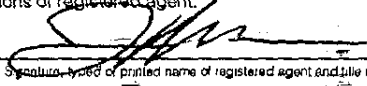
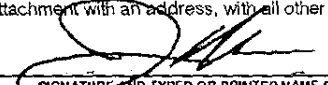


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DUE March 1st \$1
FILED

May 03, 2005 08:00 AM
Secretary of State

DOCUMENT # F98000006497 1. Entity Name AMERICAN SPIRIT RACING LTD., INC.					
Principal Place of Business 2201 SW 23RD ST CAPE CORAL FL 33991			Mailing Address 2201 SW 23RD ST CAPE CORAL FL 33991		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0399317 ☐ Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
LEWIS, JONATHAN N 2201 SW 23RD ST CAPE CORAL FL 33991			Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 		<i>Jonathan N. Lewis, President</i> (NOTE: Registered Agent signature required when reinstating)		4-26-05 DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	CPS ☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	LEWIS, JONATHAN N		NAME		
STREET ADDRESS	4403 SW 15TH AVE		STREET ADDRESS		
CITY-ST-ZIP	CAPE CORAL FL 33914		CITY-ST-ZIP	U00000359687 05/05/05-B0003-012 150.00	
TITLE	VVT ☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	LEWIS, JULIE		NAME		
STREET ADDRESS	4403 SW 15TH AVE		STREET ADDRESS		
CITY-ST-ZIP	CAPE CORAL FL 33914		CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: 		<i>Jonathan N. Lewis</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		1-26-05 239-283-2750 Date Daytime Phone #	