2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 17, 2006 8:00 am Secretary of State DOCUMENT #K93298 04-17-2006 90369 035 ***158.75 1. Entity Name SOUTHEASTERN MINIATURE PYLON RACING ASSOC., CORP. Principal Place of Business Mailing Address 40050840 2115 MANOR DR NE 3863 PEACOCK DR PALM BAY, FL 32905 PALM BAY, FL 32904 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04142006 Chg-P CR2E034 (11/05) City & State City & State 4. FEI Number Applied For NOT APPLICABLE Not Applicable Ζip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name THOMAS A. BOGUT Street Address (P.O. Box Number is Not Acceptable) 3863 PEACOCK DR MELBOURNE, FL 32904 Zip Code 8. The above named entity submits this statement for the purpose of changing its registered of egistered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Kosut (NOTE: Rook 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Director IIILE ☐ Delete MILE ☐ Change Addition DOBYNS, THOMAS JR. Mims nagu NAME NAME 789 Brentwood Point STREET ADDRESS 2115 MANOR DRIVE NE STREET ADDRESS CITY-ST-ZIP PALM BAY, FL 32905 CITY-ST-789 TITLE ☐ Delete ☐ Change me ☐ Addition NAME **BOGUT, THOMAS** NAME STREET ADDRESS 3863 PEACOCK DR STREET ADDRESS CITY-ST-7IP MELBOURNE, FL 32904 CITY-ST-7IP MUE Delete TITLE ☐ Change ☐ Addition NAKE TELFORD, CLIFF NAME STREET ADORESS 1512 S. GREENLEAF CT. STREET ADDRESS CITY-ST-ZIP WINTER SPRINGS, FL 32708 CITY-ST-7IP MLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS COTY-ST-7IP CITY-ST-ZIP TITLE ☐ Deleta TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CRY-ST-ZIP CITY-ST-ZIP TILE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 teport is true and accurate and that my signature shall have the same legal effect as if made under cath; that I am an officer or director of the corporation or the receiver or this tep emphysical 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 attact the with an address with all other tike empowered. SIGNATURE:

FILED