


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2007 08:00 A
Secretary of State

DOCUMENT # L47679
 1. Entity Name
ROBINSON MOTOR SPORTS, INC.



Principal Place of Business 365 STAN DR 102 WEST MELBOURNE, FL 32904-1041 US	Mailing Address 365 STAN DR 102 WEST MELBOURNE, FL 32904-1041 US
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DO NOT WRITE IN THIS SPACE



02172007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0173058	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**ROBINSON, MICHAEL R.
 2661 FOX RUN TRIAL
 W MELBOURNE, FL 32904**

DO NOT WRITE IN THIS SPACE

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing)

DATE _____

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2007 Fee will be \$350.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD	ROBINSON, MICHAEL R. 2661 FOX RUN TRAIL MELBOURNE, FL 32904
TITLE VST	ROBINSON, MICHAEL R. 2661 FOX RUN TRAIL MELBOURNE, FL 32904
TITLE VP	ROBINSON, CATHERINE M 2661 FOX RUN TRL MELBOURNE, FL 32904
TITLE NAME	
TITLE NAME	
TITLE NAME	

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 03/15/07-80023-011 150.00

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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: *Michael Robinson* **MICHAEL ROBINSON** **3-6-07** **321 674-5003**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #