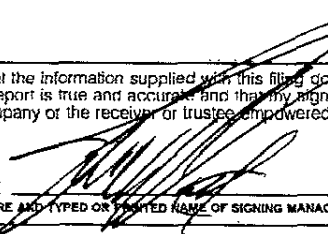


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Apr 24, 2006 08:00 AM
Secretary of State**

DOCUMENT # L94000000126 1. Entity Name KARTWORLDS OF CENTRAL FLORIDA L.C.		
Principal Place of Business 4708 W. BRONSON HWY. KISSIMMEE, FL 34746		Mailing Address 4708 W. BRONSON HWY. KISSIMMEE, FL 34746
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent CLARK, ROBERT R 4708 W. BRONSON HWY. KISSIMMEE, FL 34746		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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable		
Filing Fee is \$50.00 Due by May 1, 2006		
9. MANAGING MEMBERS/MANAGERS		DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CLARK, ROBERT R 4708 W. BRONSON HWY. KISSIMMEE, FL 34746	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CLARK, TIMOTHY M 14116 SNEAD CIRCLE ORLANDO, FL 32837	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.		
SIGNATURE:  ROBERT CLARK		4/20/06 407-390-7071
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #



04192006No Chg-LLC

CR2E083 (11/05)

4. FEI Number
59-3247010

Applied For
Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

000000531942
05/06/06-80064-013 55.00