2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000000872

Entity Name: RACERSCARE, INC.

FILED Jan 20, 2005 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
515 CHERRY STREET SOUTH DAYTONA, FL 321192017			933 VALENCIA ROAD SOUTH DAYTONA, FL 321192548				
Current Mailing Address:				New Mailing Address:			
515 CHERF SOUTH DA	RY STREET YTONA, FL :	321192017		933 VALEN SOUTH DA	CIA ROAD YTONA, FL	321192548	
FEI Number: 3	33-1006164	FEI Number Applied For()	FEI Nun	nber Not Appli	cable ()	Certificate	of Status Desired ()
Name and	Address of C	Current Registered Agent:	Name and	me and Address of New Registered Agent:			
515 CHERF	WILLIAM E PF RY STREET YTONA, FL 3			933 VALEN	WILLIAM E F CIA ROAD YTONA, FL		JS
The above r in the State		submits this statement for the p	urpose o	f changing it	s registered	office or reg	istered agent, or both,
SIGNATURE: WILLIAM E. BORDEN				01/20/2005			
		nic Signature of Registered Age	nt			Da	ate
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	PCEO () BORDEN, WILL 515 CHERRY S DAYTONA BEA	STREET		Title: Name: Address: City-St-Zip:	() Change()	Addition
Title: Name: Address: City-St-Zip:	VP () BEROTH, WES 186 BERMUDA ADVANCE, NC	RUN		Title: Name: Address: City-St-Zip:	() Change()	Addition
Title: Name: Address: City-St-Zip:	CAMPBELL, CL P.O. BOX 3311			Title: Name: Address: City-St-Zip:	() Change()	Addition
Title: Name: Address: City-St-Zip:	D () RICE, R. DON I 242 FLOOR DA CLEMSON, SC	NIELS BLVD		Title: Name: Address: City-St-Zip:	() Change()	Addition
Title: Name: Address: City-St-Zip:	D () BORDEN, BILL 515 CHERRY S DAYTONA BEA	STREET		Title: Name: Address: City-St-Zip:	D (J BORDEN, BIL 933 VALENCIA SOUTH DAYT	A ROAD	
Title: Name: Address: City-St-Zip:	D () BEROTH, WES 186 BERMUDA ADVANCE, NC	RUN		Title: Name: Address: City-St-Zip:	() Change()	Addition

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM E. BORDEN PCEO 01/20/2005