2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004
Secretary of State

DOCUMENT# N02000007324

Entity Name: FLORIDA FORCE RACING, INC.

Current Principal Place of Business:

14239 75TH LANE N
LOXAHATCHEE, FL 33470

New Principal Place of Business:

Current Mailing Address:

14239 75TH LANE N
LOXAHATCHEE, FL 33470

New Mailing Address:

FEI Number: 05-0532154 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SOLETZKY, IRA T
14239 75TH LANE N
LOXAHATCHEE, FL 33470

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	P	( ) Delete
Name:	SOLETZKY, IRA T	
Address:	14239 75TH LANE N	
City-St-Zip:	LOXAHATCHEE, FL 33470	
Title:	T	( ) Delete
Name:	GATES, LORRAINE M	
Address:	1229 PERIWINKLE PLACE	
City-St-Zip:	WELLINGTON, FL 33414 US	
Title:	M	( ) Delete
Name:	SHEETS, KATHY	
Address:	5049 CORNELL WALK	
City-St-Zip:	LAKE WORTH, FL 334631546	
Title:	S	( ) Delete
Name:	PINGHOL, LAURA	
Address:	7805 RON WOOD CT	
City-St-Zip:	LAKE WORTH, FL 33467	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	S	(X) Change ( ) Addition
Name:	PINGOL, LAURA	
Address:	7805 PENWOOD CT	
City-St-Zip:	LAKE WORTH, FL 33467	

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: LORRAINE M. GATES T 04/30/2004

Electronic Signature of Signing Officer or Director — Date