2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000007466

Entity Name: SEMINOLE ARES/RACES GROUP, INC.

FILED Jan 23, 2005 Secretary of State

EMERGENCY MANAGEMENT 150 BUSH BLVD. SANFORD, FL 327736179

Current Mailing Address: New Mailing Address:

EMERGENCY MANAGEMENT 150 BUSH BLVD. SANFORD, FL 327736179

FEI Number: 20-0198583 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MCCLUAN, JOSEPH
EMERGENCY MANAGEMENT
150 BUSH BLVD.
SANFORD, FL 327736179 US

FESS, RICHARD
121 FEATHER EDGE LOOP
LAKE MARY, FL 32746 U

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: RICHARD FESS 01/23/2005

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

2542 CREEKVIEW CIR

OVIEDO, FL 32765

Address:

City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition KOTCH, KEITH RICHARD, FESS Name: Name: 1760 WEST CHERYL DR. Address: 121 FEATHER EDGE LOOP Address: LAKE MARY, FL 32746 City-St-Zip: WINTER PARK, FL 32792 City-St-Zip: Title: () Delete Title: () Change () Addition ATWOOD, JEFFREY Name: Name: Address: 612 MAYFAIR DRIVE Address: City-St-Zip: ALTAMONTE SPRINGS, FL 32701 City-St-Zip: Title: () Delete Title: (X) Change () Addition FESS, RICHARD Name: COPELAND, MARK Name: 121 FEATHER EDGE LOOP 2542 CREEKVIEW CIR Address: Address: City-St-Zip: LAKE MARY, FL 32746 City-St-Zip: OVIEDO, FL 32765 Title: VΡ () Delete Title: () Change () Addition Name: JOSHUA, SANDERS Name: Address: 822 E. STATE RTE 434 Address: City-St-Zip: WINTER SPRINGS,, FL 32708 City-St-Zip: Title: () Delete Title: () Change () Addition MICHELLE, COPELAND Name: Name:

Title: D () Delete Title: () Change () Addition Name: BABILLA. DAN Name:

Address: 1329 VIA VILLANOVA Address: City-St-Zip: WINTER SPRINGS, FL 32708 City-St-Zip:

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.

Address:

City-St-Zip:

SIGNATURE: JEFFREY ATWOOD T 01/23/2005