FILED
Aug 11, 2005 8:00 am
Secretary of State
08-11-2005 90002 046 ***150.00

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N04000005607

1. Entity Name
MACKLIN MOTOR SPORTS INC.

50060955

Principal Place of Business	Mailing Address
1712 MARVY AVE TAMPA, FL 33612	1712 MARVY AVE TAMPA, FL 33612

08092005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
20302 NOBLE OAK PLACE	20302 NOBLE OAK
Suite, Apt. #, etc. TAMPA FL	Suite, Apt. #, etc. TAMPA FL
City & State	City & State
Zip 33647 County Hillsborough	Zip 33647 County Hillsborough

4. FEI Number 42-1633571 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MACKLIN, LINDA 1712 MARVY AVE TAMPA, FL 33612	Name LINDA MACKLIN Street Address (P.O. Box Number is Not Acceptable) 20302 NOBLE OAK PLACE TAMPA City FL Zip Code 33647

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 Linda MacKlin 8/8/2005
(Signature, typed or printed name of registered agent and title if applicable.) (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by September 7, 2005

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MACKLIN, LINDA 1712 MARVY AVE TAMPA, FL 33612	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT LINDA MACKLIN 20302 NOBLE OAK PLACE TAMPA FL 33647	☒ Change ☐ Addition ADDRESS ONLY
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RAUNER, JOE JR 6300 CEDAR LANE BROOKSVILLE, FL 34601	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MACKLIN, MELISSA 1712 MARVY AVE TAMPA, FL 33612	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DEC. - TEXAS MELISSA MACKLIN 320 65TH STREET NEW YORK NEW YORK 10022	☒ Change ☐ Addition ADDRESS ONLY
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Linda MacK 8-8-2005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

SV0609JJ—
#NOT000005607

To whom it may concern:

I Linda Mackin did not receive the form needed by May 1st. Since the time that I filed I moved in the area I did not receive this notice as I did not receive other mail as well. The post office was holding or returning mail that was sent to me. Would you please help me by waiving the late fee and accepting #150.00. I would have done this if I had it and this is all due to me.

Thank you in advance
Linda Mackin
Mackin Motorsports
42-1633571