

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 20, 2007  
Secretary of State**

DOCUMENT# N04000005607

Entity Name: MACKLIN MOTOR SPORTS INC.

**Current Principal Place of Business:**

20302 NOBLE OAK PLACE  
TAMPA, FL 33647

**New Principal Place of Business:**

**Current Mailing Address:**

20302 NOBLE OAK PLACE  
TAMPA, FL 33647

**New Mailing Address:**

FEI Number: 42-1633571      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

MACKLIN, LINDA  
20302 NOBLE OAK PLACE  
TAMPA, FL 33647      US

**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: MACKLIN, LINDA  
Address: 20302 NOBLEOAK PLACE  
City-St-Zip: TAMPA, FL 33647

Title: D      ( ) Delete  
Name: RAUNER, JOE JR  
Address: 6300 CEDAR LANE  
City-St-Zip: BROOKSVILLE, FL 34601

Title: ST      ( ) Delete  
Name: MACKLIN, MELISSA  
Address: 320 E 54TH STREET  
City-St-Zip: NEW YORK, NY 10022

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ST      (X) Change ( ) Addition  
Name: MACKLIN, MELISSA  
Address: 532 E. 83RD STREET  
City-St-Zip: NEW YORK, NY 10028

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: LINDA MACKLIN

P

04/20/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date