

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Apr 22, 2009
Secretary of State

DOCUMENT# N08000001584

Entity Name: THROTTLE ROCKERS MC, INC.**Current Principal Place of Business:**2301 PETERSON RD.
LAKELAND, FL 33812 US**New Principal Place of Business:**5204 ST. LUCIA DR.
LAKELAND, FL 33812 US**Current Mailing Address:**2301 PETERSON RD.
LAKELAND, FL 33812 US**New Mailing Address:**P.O. BOX 325
HIGHLAND CITY, FL 33846**FEI Number:** 26-1985795**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**SMITHKEY, MICHAEL SR.
5204 ST. LUCIA DR.
LAKELAND, FL 33812 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: THORNHILL, DAVID T JR
Address: 835 LAKE ELBERT CT
City-St-Zip: WINTER HAVEN, FL 33881 US

Title: VP () Delete
Name: PRATT, JAMES
Address: 6142 DONEGAL DR W
City-St-Zip: LAKELAND, FL 33813 US

Title: S () Delete
Name: SMITHKEY, MICHAEL SR.
Address: 5204 ST. LUCIA DR.
City-St-Zip: LAKELAND, FL 33812 US

Title: T () Delete
Name: BOWSER, TIM
Address: PO BOX 1205
City-St-Zip: LAKELAND, FL 33846 US

Title: SAA () Delete
Name: JACKSON, TOMMIE
Address: 2301 PETERSON RD
City-St-Zip: LAKELAND, FL 33812 US

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

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

I hereby certify that the information supplied with this filing does not qualify 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: DAVID T THORNHILL, JR

P

04/22/2009

Electronic Signature of Signing Officer or Director

Date