2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 22, 2007 08:00 A **DOCUMENT # P00000010452** Secretary of State 1. Entity Name RAC ENTERPRISES, INC. Principal Place of Business . . . Mailing Address 625 S WASHINGTON AVE . 1 5320 BURGESS AVENUE TITUSVILLE, FL 32796 COCOA, FL 32927 01052007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3627091 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent RAC, KENNETH J DO NOT WRITE 5320 BURGESS AVENUE COCOA, FL 32927 IN THIS SPACE 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. Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS TITLE RAC, KENNETH J 5320 BURGESS AVE STREET ADDRESS CITY-ST-ZIP COCOA, FL 32927 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY - ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 of trustee empowered to execute this report as required by Chapter 607, 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. 3-20-07 SIGNATURE:

NTED NAME OF SIGNING OFFICER OR DIRECTOR