2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED DOCUMENT # P0000034289 Apr 28, 2006 08:00 AN Secretary of State 1. Entity Name SK RACING, INC. Principal Place of Business Mailing Address 6280 PAINTED LEAF LANE 6280 PAINTED LEAF LANE NAPLES FL 34116 NAPLES FL 34116 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State 4. FEI Number Applied For City & State 59-3637213 Not Applicable Country 7in Zip Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent WOOD, DOUGLAS A ESQ. Street Address (P.O. Box Number is Not Acceptable) SIESKÝ, PILON & WOOD 1000 NORTH TAMIAMI TRAIL, SUITE 201 NAPLES FL 34102 City Zio Code 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 1 am familiar with, and accept the obligations of registered agent SIGNATURE _ Cignature, typed or printed name of registered agent and lifte it applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May 25 After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. Artditi. ☐ Delete TOTUE Change HILE NAME KREHLING, SCOTT MAME U00000543323 STREET ADDRESS STREET ADDRESS 4220-A GAIL BLVD 05/10/06-80133-012 150.00 CITY-ST-ZIP NAPLES FL 34104 CHY-ST-ZIP Change Addish ☐ Delete TITLE TITLE NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP HILE Change 🔲 Adddir NAM NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CHY-ST-ZIP Addition ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addis-☐ Change TITLE ☐ Delete TITE F NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP City-St-7iP Addin ☐ Delete ☐ Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 or 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.

Scot A. Krenling

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

4/24/06 239-253-1812

Daytime Phone #