2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2005 8:00 am
Secretary of State
04-15-2005 90070 005 ***150.00

DOCUMENT # P00000037504

1. Entity Name
RACECRAFT PRODUCTS, INC.

Principal Place of Business	Mailing Address
6770 NW 41ST STREET CORAL SPRINGS, FL 33067	6770 NW 41ST STREET CORAL SPRINGS, FL 33067

2. Principal Place of Business	3. Mailing Address
5199 NW 15th st	5199 NW 15th St
Suite, Apt. #, etc.: B-2	Suite, Apt. #, etc.: B-2
City & State: Margate FL	City & State: Margate, FL
Zip: 33063 Country: US	Zip: 33063 Country: US

03302005 Chg-P CR2E034 (10/03)

4. FEI Number: 65-0995514 ☐ 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
LOURAMORE, ADAM 6770 NW 41ST STREET CORAL SPRINGS, FL 33067	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature of new registered agent and printed name of new registered agent and title if applicable (NOTE: Registered Agent signature required when constituted)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LOURAMORE, ADAM 6770 NW 41ST STREET CORAL SPRINGS, FL 33067	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☑ Change ☐ Addition -Adam Louramore 12674 Little Palm Lane Boca Raton, FL 33428
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
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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 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.

SIGNATURE: _____ 4/7/05 954-873-9057
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #