2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000056618

1. Entity Name
MIKE THOMPSON RACING ENGINES, INC.

Principal Place of Business	Mailing Address
4303 EXCHANGE AV B NAPLES, FL 34104	4303 EXCHANGE AV B NAPLES, FL 34104

DO NOT WRITE IN THIS SPACE

01052006   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
59-3651241	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

THOMPSON, MICHAEL D
647 96TH AVENUE NORTH
NAPLES, FL 34108

DO NOT WRITE 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

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

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

10.   OFFICERS AND DIRECTORS

TITLE	P
NAME	THOMPSON, MICHAEL
STREET ADDRESS	647 96TH AVENUE NORTH
CITY-ST-ZIP	NAPLES, FL 34108

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/10/06-80027-010 150.00

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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 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: _Michael D. Thompson_   Michael D. Thompson   1-6-06   239-643-6009

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #