

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000068265

Entity Name: GRAND PRIX IHM, INC.

FILED
Apr 16, 2008
Secretary of State

Current Principal Place of Business:

50 COCOANUT ROW
STE 200
PALM BEACH, FL 33480 US

Current Mailing Address:

50 COCOANUT ROW
SUITE 200
PALM BEACH, FL 33480 US

New Principal Place of Business:

340 ROYAL POINCIANA WAY
SUITE 306
PALM BEACH, FL 33480 US

New Mailing Address:

340 ROYAL POINCIANA WAY
SUITE 306
PALM BEACH, FL 33480 US

FEI Number: 65-1027254

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FISHER, JEFFREY H
340 ROYAL POINCIANA WAY
PALM BEACH, FL 33480 US

Name and Address of New Registered Agent:

MURPHY, MARK
340 ROYAL POINCIANA WAY
SUITE 306
PALM BEACH, FL 33480 US

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: MARK MURPHY

04/16/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: FISHER, JEFFREY
Address: 340 ROYAL POINCIANA WAY
City-St-Zip: PALM BEACH, FL 33480

Title: P () Delete
Name: WALKER, TIMOTHY
Address: 50 COCONUT ROW STE 200
City-St-Zip: PALM BEACH, FL 33480

Title: ST () Delete
Name: POLLAK, ROGER
Address: 50 COCONUT ROW STE 200
City-St-Zip: PALM BEACH, FL 33480

Title: AS (X) Delete
Name: COHEN, PHILIP
Address: 50 COCOANUT ROW, SUITE 200
City-St-Zip: PALM BEACH, FL 33480

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEO (X) Change () Addition
Name: WALKER, TIMOTHY
Address: 340 ROYAL POINCIANA WAY SUITE 306
City-St-Zip: PALM BEACH, FL 33480

Title: CFO (X) Change () Addition
Name: CRAVEN, DENNIS
Address: 340 ROYAL POINCIANA WAY SUITE 306
City-St-Zip: PALM BEACH, FL 33480

Title: VPS (X) Change () Addition
Name: MURPHY, MARK
Address: 340 ROYAL POINCIANA WAY SUITE 306
City-St-Zip: PALM BEACH, FL 33480

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LINDA PRICE

VP

04/16/2008

Electronic Signature of Signing Officer or Director

Date