
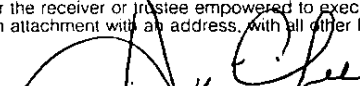


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 01, 2006 8:00 am
Secretary of State

03-01-2006 90033 040 ***150.00

DOCUMENT # P01000001896 1. Entity Name FACTORY DIRECT DISCOUNT RACE PARTS, INC.																											
Principal Place of Business 20262 NORTHEAST 15TH CT NORTH MIAMI BEACH FL 33179		Mailing Address 20262 NORTHEAST 15TH CT NORTH MIAMI BEACH FL 33179																									
2. Principal Place of Business 4650 SW. 51ST STREET SUITE 701 DAVIE FL. 33314 BROWARD.		3. Mailing Address 4650 SW. 51ST STREET SUITE 701 DAVIE FL. 33314 BROWARD.																									
4. FEI Number 65-1093640		Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent LEE, HARRY E 20262 NORTHEAST 15TH CT NORTH MIAMI BEACH FL 33179		7. Name and Address of New Registered Agent Name LEE HARRY E. Street Address (P.O. Box Number is Not Acceptable) 4650 SW. 51ST STREET SUITE 701 City DAVIE FL Zip Code 33314.																									
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 _____ (NOTE: Registered Agent signature required when reappointing) Signature, typed or printed name of registered agent and title if applicable. DATE _____																											
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																									
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:40%;">D LEE, HARRY E</td> <td style="width:10%; text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>20262 NORTHEAST 15 CT</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>NORTH MIAMI BEACH FL 33179</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>		TITLE	D LEE, HARRY E	<input type="checkbox"/> Delete	NAME	20262 NORTHEAST 15 CT		STREET ADDRESS	NORTH MIAMI BEACH FL 33179		CITY-ST-ZIP			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:40%;">D LEE HARRY E.</td> <td style="width:10%; text-align: center;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>4650 SW. 51ST STREET SUITE 701</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>DAVIE, FL. 33314.</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>		TITLE	D LEE HARRY E.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	4650 SW. 51 ST STREET SUITE 701		STREET ADDRESS	DAVIE, FL. 33314.		CITY-ST-ZIP		
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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.																											
SIGNATURE: 		Harry E. LEE 2/7/06. (954)327-7317																									
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #																									