

**FILED**  
**Jun 04, 2007 8:00 am**  
**Secretary of State**

05-09-2007 90112 008 \*\*\*150.00

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # P01000022481</b> 1. Entity Name <b>WHITE LIGHTNING MOTORSPORTS INC.</b>			
Principal Place of Business <b>711 N BROADWAY          LANTANA, FL 33462</b>		Mailing Address <b>PO BOX 3285          LANTANA, FL 33465</b>	
2. Principal Place of Business - No P.O. Box # <b>16029 88th Road N</b> Suite, Apt. #, etc.		3. Mailing Address <b>16029 88th Road N</b> Suite, Apt. #, etc.	
City & State <b>Loxahatchee, FL</b> Zip <b>33470</b> Country <b>PALM BEACH</b>		City & State <b>Loxahatchee, FL</b> Zip <b>33470</b> Country <b>PALM BEACH</b>	
4. FEI Number <b>59-3707728</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		04252007 Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent <b>CAMARIGG, BARBARA          PO BOX 3285          LANTANA, FL 33465</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>16029 88th Road N</b> City <b>Loxahatchee</b> <b>FL</b> Zip Code <b>33470</b>	
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 <u><i>Barbara Camarigg</i></u> DATE <u>4-25-07</u> <small>Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when re-electing)</small>			
<b>FILE NOW!!! FEE IS \$150.00          After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAMARIGG, BARBARA 711 N BROADWAY LANTANA, FL 33462	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAMARIGG, JACK D 711 N BROADWAY LANTANA, FL 33462	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 <u><i>Barbara Camarigg</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR</small>		Date <u>4-25-07</u> Daytime Phone # <u>561-644-8801</u>	