

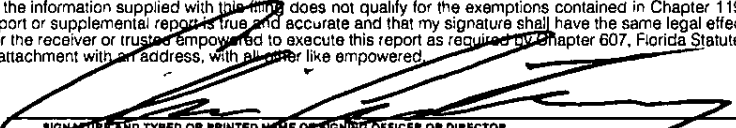


**FILED**  
**Mar 10, 2008 08:00 AM**  
**Secretary of State**

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # P01000061441</b>						
1. Entity Name <b>ARMSTRONG RACING, INC.</b>						
Principal Place of Business <b>1415 SW 17TH STREET OCALA, FL 34474</b>	Mailing Address <b>1415 SW 17TH STREET OCALA, FL 34474</b>	  01252008 No Chg-P CR2E034 (11/05) <table border="1"><tr><td>4. FEI Number <b>59-3728043</b></td><td>Applied For <b>Not Applicable</b></td></tr><tr><td colspan="2">5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b></td></tr></table>	4. FEI Number <b>59-3728043</b>	Applied For <b>Not Applicable</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
4. FEI Number <b>59-3728043</b>	Applied For <b>Not Applicable</b>					
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>						
<b>DO NOT WRITE IN THIS SPACE</b>						
6. Name and Address of Current Registered Agent  <b>ARMSTRONG, SCOTT W 1415 SW 17TH STREET OCALA, FL 34474</b>		<b>DO NOT WRITE IN THIS SPACE</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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>						
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>  U000000851320 03/25/08-80035-001 150.00				
10. OFFICERS AND DIRECTORS						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARMSTRONG, SCOTT W 1415 SW 17TH STREET OCALA, FL 34474					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARMSTRONG, WENDY S 1415 SW 17TH STREET OCALA, FL 34474					
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
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 power like empowered.  <b>SIGNATURE:</b>  <b>3/4/08 352624-0120</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>						