




2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2006 8:00 am
Secretary of State

04-21-2006 90114 008 ***150.00

DOCUMENT # P01000077801 1. Entity Name CHOQUETTE MOTORSPORTS, INC.																																																																																																																																																											
Principal Place of Business 1128 ROYAL PALM BEACH BLVD., #382 ROYAL PALM BEACH, FL 33411			Mailing Address 1128 ROYAL PALM BEACH BLVD., # #282 ROYAL PALM BEACH, FL 33411																																																																																																																																																								
2. Principal Place of Business <i>1128 Royal Palm Beach Blvd</i> Suite, Apt. #, etc. # 282		3. Mailing Address Suite, Apt. #, etc.																																																																																																																																																									
City & State <i>Royal Palm Beach, FL</i>		City & State		4. FEI Number 65-1138497																																																																																																																																																							
Zip 33411		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																																																																																																																																																							
6. Name and Address of Current Registered Agent CHOQUETTE, JOHN 1128 ROYAL PALM BEACH BLVD., #382 ROYAL PALM BEACH, FL 33411				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <i>1128 Royal Palm Beach Blvd # 282</i> <i>Royal Palm Beach</i> City FL Zip Code 33411																																																																																																																																																							
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																																																																																																																																																											
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																																																																																																																																								
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left; padding: 2px;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left; padding: 2px;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 15%; padding: 2px;">TITLE</td> <td style="width: 65%; padding: 2px;">D CHOQUETTE, JOHN <input type="checkbox"/> Delete</td> <td style="width: 20%; padding: 2px;"></td> <td style="width: 15%; padding: 2px;">TITLE</td> <td style="width: 65%; padding: 2px;"></td> <td style="width: 20%; padding: 2px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;">1128 ROYAL PALM BEACH BLVD., #382</td> <td style="padding: 2px;"></td> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;">ROYAL PALM BEACH, FL 33411</td> <td style="padding: 2px;"></td> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">CITY - ST - 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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:  <div style="float: right; text-align: right;"> 4/18/06 <small>Date</small> </div>																																																																																																																																																											
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																																																																																																																																											