



2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2006 8:00 am
Secretary of State

02-08-2006 90008 042 ***150.00

DOCUMENT # P01000103532					
1. Entity Name NICHOLAS MOTOR SPORTS, INC.					
Principal Place of Business 588 RIDGE DRIVE NAPLES, FL 34102			Mailing Address 588 RIDGE DRIVE NAPLES, FL 34102		
2. Principal Place of Business 445 DOCKSIDE DRIVE Suite, Apt. #, etc. 701		3. Mailing Address 445 DOCKSIDE DRIVE Suite, Apt. #, etc. 701			
City & State NAPLES FL		City & State NAPLES FL		4. FEI Number 59-3752079	
Zip 34110		Country COLLIER		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent NICHOLAS, MITCHELL BRUCE 588 RIDGE DRIVE NAPLES, FL 34102				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 445 DOCKSIDE DRIVE # 701 City NAPLES FL Zip Code 34110	
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>M B Bruce</u> (NOTE: Registered Agent signature required when reinstating) DATE _____					
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			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D NICHOLAS, MITCHELL BRUCE 588 RIDGE DRIVE NAPLES, FL 34102	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	445 DOCKSIDE DRIVE #701 NAPLES FL 34110	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	445 DOCKSIDE DRIVE #701 NAPLES FL 34110	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	445 DOCKSIDE DRIVE #701 NAPLES FL 34110	<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>B. Bruce</u> 1/31/06 (239) 566-1526 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					