2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2006
Secretary of State

DOCUMENT# P01000107042

Entity Name: B.N. CROFT RACING, INC.

Current Principal Place of Business:

7400 BAY DR
TAMPA, FL 33635

New Principal Place of Business:

527 LESLIE DRIVE
HALLANDALE, FL 33009

Current Mailing Address:

7400 BAY DR
TAMPA, FL 33635

New Mailing Address:

527 LESLIE DRIVE
HALLANDALE, FL 33009

FEI Number: 59-3756437 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CROFT, ARLENE J
7400 BAY DR
TAMPA, FL 33635 US

Name and Address of New Registered Agent:

CROFT, ARLENE J
527 LESLIE DRIVE
HALLANDALE, FL 33009 US

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.

SIGNATURE: ARLENE CROFT 01/18/2006
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: CROFT, BARRY N
Address: 7400 BAY DR
City-St-Zip: TAMPA, FL 33635

Title: D ( ) Delete
Name: CROFT, ARLENE J
Address: 7400 BAY DR
City-St-Zip: TAMPA, FL 33635

Title: D ( ) Delete
Name: CROFT, WENDELL T
Address: 8540 RIVER RD #13
City-St-Zip: TAMPA, FL 33635

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: CROFT, BARRY N
Address: 527 LESLIE DRIVE
City-St-Zip: HALLANDALE, FL 33009

Title: D (X) Change ( ) Addition
Name: CROFT, ARLENE J
Address: 527 LESLIE DRIVE
City-St-Zip: HALLANDALE, FL 33009

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ARLENE CROFT SEC. 01/18/2006
Electronic Signature of Signing Officer or Director Date