2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

May 01, 2006 08:00 AM Secretary of State **DOCUMENT # P02000001200** 1. Entity Name BACKDRAFT RACING, INC. Mailing Address Principal Place of Business 1300 W INDUSTRIAL AVE. 1300 W INDUSTRIAL AVE. #103 #103 BOYNTON BEACH, FL 33426 BOYNTON BEACH, FL 33426 02282006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number Not Applicable 80-0006919 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE DODD, REGINALD 1300 W INDUSTRIAL AVE. #103 IN THIS SPACE BOYNTON BEACH, FL 33426 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_ Signature, typed or printed name of registered again and title if epiphicable. , (NOTE, Registered Agent signature required when reinstaling) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. HILE MANE REGINALD, DODD STREET ADDRESS 9783 SALTWATER CREEK CT. CHY-ST-ZIP LAKE WORTH, FL 33467 SIME U00000551786 05/13/06-80110-015 150.00 NAME STREET ADDRESS CITY-ST-ZIP DILE NAME STREET ADDRESS DO NOT WRITE CITY-ST-769 IN THIS SPACE TITLE NAME

12. I hereby certify that the information supplied with this filling 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 it 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, will e empowered.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP 33716 NAME STREET ADDRESS CITY-ST-ZIP TITLE

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED SIGNING DEFICER OR DIRECTOR

FILED