

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 01, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000022545

1. Entity Name

T. P. MOTOR SPORTS, INC.



Principal Place of Business

15770 89 PLACE N
LOXAHATCHEE, FL 33470

Mailing Address

15770 89 PLACE N
LOXAHATCHEE, FL 33470



02252006 No Chg-P CR2E034 (11/05)

4. FEI Number

02-0566482

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HANBURY, TERRY JR
15770 89 PLACE N
LOXAHATCHEE, FL 33470

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 agent and title if applicable.

(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.



\$5.00 May Be
Added to Fees

000000451363
03/10/06-80051-005 158.75

10. OFFICERS AND DIRECTORS

TITLE	VPS
NAME	HANBURY, PATTY M
STREET ADDRESS	15770 89 PLACE N
CITY- ST- ZIP	LOXAHATCHEE, FL 33470
TITLE	PT
NAME	HANBURY, TERRY JR
STREET ADDRESS	15770 89 PLACE N
CITY- ST- ZIP	LOXAHATCHEE, FL 33470
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 other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/25/06

Date

(561) 312-1771

Daytime Phone #