


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2007 8:00 am
Secretary of State

01-22-2007 90078 038 ***150.00

DOCUMENT # P02000027755	
1. Entity Name MOTOR SPORTS CORPORATION OF NORTH AMERICA	

Principal Place of Business 149 S. RIDGEWOOD AVENUE SUITE 550 DAYTONA BEACH, FL 32114	Mailing Address 149 S. RIDGEWOOD AVENUE SUITE 550 DAYTONA BEACH, FL 32114
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40003287



2. Principal Place of Business - No P.O. Box #		3. Mailing Address 400 S. Atlantic Avenue	
Suite, Apt. #, etc.		Suite, Apt. #, etc. Suite 101	
City & State		City & State Ormond Beach, FL	
Zip	Country	Zip	Country
		32176	USA

01092007 Chg-P CR2E034 (12/06)

4. FEI Number 03-0416746		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent GORNT0, L A JR. 149 S. RIDGEWOOD AVENUE SUITE 550 DAYTONA BEACH, FL 32114		7. Name and Address of New Registered Agent
		Name
		Street Address (P.O. Box Number is Not Acceptable)
		City
		FL Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD GORNT0, L A JR. 149 S. RIDGEWOOD AVENUE, SUITE 550 DAYTONA BEACH, FL 32114 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 another like empowered.

SIGNATURE:  **L.A. Gornto, Jr.** **1-12-07** **386-257-1899**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #