

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90205 009 ***150.00

DOCUMENT # P02000059708					
1. Entity Name DIVERSITY MOTOR SPORTS, INC.					
Principal Place of Business 1912 N W 67TH PLACE GAINESVILLE, FL 32653			Mailing Address 1912 N W 67TH PLACE GAINESVILLE, FL 32653		
2. Principal Place of Business 6921 NW 22nd street		3. Mailing Address 6921 NW 22nd street			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Gainesville, FL		City & State Gainesville, FL		4. FEI Number 02-0614456	
Zip 32653		Country Alachua		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 REECE, ALEX 1912 NW 67TH PLACE GAINESVILLE, FL 32653			7. Name and Address of New Registered Agent Name: Alex Reece Street Address (P.O. Box Number is Not Acceptable): 6921 NW 22nd street City: Gainesville FL Zip Code: 32653		
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: DATE: 4/25/05					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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 D NAME REECE, ALEX STREET ADDRESS 1912 N W 67TH PLACE CITY - ST - ZIP GAINESVILLE, FL 32653	<input checked="" type="checkbox"/> Delete		TITLE D NAME Reece, Alex STREET ADDRESS 6921 NW 22nd street CITY - ST - ZIP Gainesville, FL 32653	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME ROMERO, SCOTT STREET ADDRESS 210 PASEO PICERO CITY - ST - ZIP ASHER HILLS, CA 92807	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP 	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP 	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP 	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:			Date: 4/25/05		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #: (352) 325-0557		