2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 09, 2005 08:00 AM Secretary of State

| DOCUMENT # P03000020557 1. Entity Name SHIFT-TECH KART PERFORMANCE, INC. | Secretary of State |
|---|--|
| Principal Place of Business Mailing Address 5021 PIERCE STREET HOLLYWOOD, FL 33021 Miailing Address 5021 PIERCE STREET HOLLYWOOD, FL 33021 | |
| DO NOT WRITE IN THIS SPACE | 03032005 No Chg-P CR2E034 (10/03) 4. FEI Number Applied For S5-1174487 Not Applicable 5. Certificate of Status Desired S8.75 Additional Fee Required |
| DUERBAUM, GUIDO OWNER 5021 PIERCE STREET HOLLYWOOD, FL 33021 | DO NOT WRITE IN THIS SPACE |
| S. 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 relisating) DATE | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees | |
| 10. OFFICERS AND DIRECTORS | |
| NAME DUERBAUM, GUIDO STREET ADDRESS 5021 PIERCE STREET CITY-ST-ZIP HOLLYWOOD, FL 33021 | Hoooooccca |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | U00000256692 03/03/05-80013-019 150.00 |
| NAME STREET ADDRESS CRY-ST-ZIP | DO NOT WRITE |
| TITLE NAME STREET ADDRESS CITY-ST-2IP | IN THIS SPACE |
| 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 question stated in Section 119.07(3)(f). Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and 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 evecute this 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 arranged effect. | |
| SIGNATURE: | OF Date Daylins Phone # |