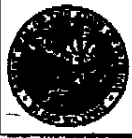


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT****FILED**
Aug 26, 2004 8:00 am
Secretary of State

08-26-2004 90003 021 ***150.00

54070030

DOCUMENT # P03000024016					
1. Entity Name INTENSE RACING INC					
Principal Place of Business 2960 NW 53RD TERRACE MARGATE, FL 33063			Mailing Address 2960 NW 53RD TERRACE MARGATE, FL 33063		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 56-2318262	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent KIESLING, ROBERT A 4793 N CONGRESS AVE SUITE 206 BOYNTON BEACH, FL 33428				7. Name and Address of New Registered Agent Name Lawrence Burke Street Address (P.O. Box Number is Not Acceptable) 2960 NW 53rd City Margate FL 33063	
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 <i>Lawrence P. Burke</i> DATE 8/17/04 Signature, typed or printed name of registered agent and (do if applicable) (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fee	
		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	BURKE, LAWRENCE		NAME		
STREET ADDRESS	2960 NW 53RD TERRACE		STREET ADDRESS		
CITY-ST-ZIP	MARGATE, FL 33063		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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 my address, with all other fees empowered.					
SIGNATURE: <i>Lawrence P. Burke</i>			DATE: 8/17/04		
SIGNATURE AND TYPED OR PRINTED NAME OF SENIOR OFFICER OR DIRECTOR			DATE DAYTIME PHONE #		