2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

SIGNATUSE AND

FILED Apr 25, 2006 08:00 AN Secretary of State DOCUMENT #_P02000025427 MAJIC MOTORSPORTS, INC. Mailing Address Principal Place of Business 9217 LITTLE RD 9217 LITTLE RD NEW PORT RICHEY FL 34654 NEW PORT RICHEY FL 34654 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State Applied For City & State 4. FEI Number 56-2320410 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent DAVIS, GARY L Street Address (P.O. Box Number is Not Acceptable) 8726 OLD COUNTRY ROAD 54, SUITE E **NEW PORT RICHEY FL 34653** City 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 Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. Delete TITI F ☐ Change Addition TITLE NAME NAME TAYOR, MARK C STREET ADDRESS U00000533004 STREET ADDRESS 9217 LITLE RD CITY - ST-ZIP 05/06/06-80107-007_150-00 CITY-ST-7IP **NEW PORT RICHEY FL 34654** ☐ Change ☐ Addition Delete THE TITLE MAGE NAME TAYLOR, JUDITH A STREET ADDRESS STREET ADDRESS 9217 LITLE RD CITY-ST-ZIP CITY-ST-ZIP NEW PORT RICHEY FL 34654 ☐ Chance ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST- ZIP ☐ Change □ Addition Delete TITLE 7173 F NAME NAME STREET ADDRESS STREET ADDRESS CXTY-ST-7/P CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Change ☐ Addition TITLE ☐ Delete TITLE 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 quality for the exemptions contained in Section 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 cath, 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.

G OFFICER OR DIRECTOR

Daytime Phone #