


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 17, 2008 8:00 am**  
**Secretary of State**

07-17-2008 90061 041 \*\*\*150.00

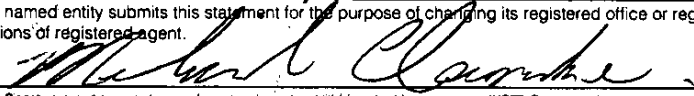
<b>DOCUMENT # P03000075556</b>	
1. Entity Name <b>MDIRACING, INC.</b>	

Principal Place of Business <b>10351 SOUTHERN BLVD ROYAL PALM BEACH, FL 33411</b>	Mailing Address <b>10351 SOUTHERN BLVD ROYAL PALM BEACH, FL 33411</b>
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2. Principal Place of Business - No P.O. Box # <b>10255 SOUTHERN BLVD</b> Suite, Apt. #, etc.	3. Mailing Address <b>10255 SOUTHERN BLVD</b> Suite, Apt. #, etc.
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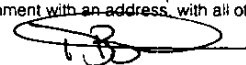
City & State <b>ROYAL PALM BEACH, FL</b>	City & State <b>ROYAL PALM BEACH, FL</b>
Zip <b>33411</b>	Country <b>FLORIDA</b>

6. Name and Address of Current Registered Agent <b>PESSER, STEVEN M 10351 SOUTHERN BLVD ROYAL PALM BEACH, FL 33411</b>		7. Name and Address of New Registered Agent Name <b>MICHAEL CLARKE</b> Street Address (P.O. Box Number is Not Acceptable) <b>10255 SOUTHERN BOULEVARD</b> City <b>ROYAL PALM BEACH, FL</b> Zip Code <b>33411</b>	
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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 <b>7/9/08</b>

<b>FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT STEVE PESSER 10351 SOUTHERN BLVD ROYAL PALM BEACH, FL 33411</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT MICHAEL CLARKE 10255 SOUTHERN BOULEVARD ROYAL PALM BEACH, FL 33411</b> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V. PRESIDENT DENISE BURTON 10255 SOUTHERN BOULEVARD ROYAL PALM BEACH, FL 33411</b> <input type="checkbox"/> Change <input checked="" 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
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
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
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

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 all other like empowered.	
SIGNATURE: 	<b>DENISE BURTON</b> <b>7/9/08</b> <b>601. 798 2433</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #