

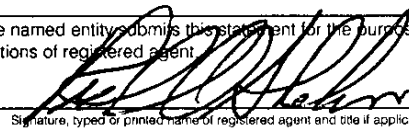
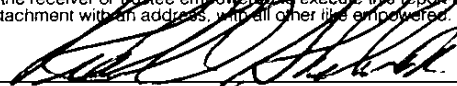


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2008 8:00 am
Secretary of State

02-04-2008 90027 002 ***158.75

DOCUMENT # P03000096252 1. Entity Name RACETRACK PROFESSIONAL CENTER, INC.					
Principal Place of Business 350-G RACETRACK ROAD NW FT WALTON BEACH, FL 32547				Mailing Address 350-G RACETRACK ROAD NW FT WALTON BEACH, FL 32547	
2. Principal Place of Business - No P.O. Box # 350 - D RACETRACK RD N.W.		3. Mailing Address 350-D RACETRACK RD N.W.			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 		01302008 Chg-P CR2E034 (12/06)	
City & State FT. WALTON BEACH, FL.		City & State FT. WALTON BEACH, FL.		4. FEI Number 33-1070561	
Zip 32547		Country USA		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent SHELDON, RICHARD A D.C. 350-G RACETRACK ROAD NW FT WALTON BEACH, FL 32547				7. Name and Address of New Registered Agent Name SHELDON, RICHARD A D.C. Street Address (P.O. Box Number is Not Acceptable) 350 - D RACETRACK RD. N.W. City FT. WALTON BEACH FL Zip Code 32547	
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 1-30-08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent: signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SHELDON, RICHARD A 350-G RACETRACK ROAD NW FT WALTON BEACH, FL 32547	TITLE NAME STREET ADDRESS CITY-ST-ZIP DP SHELDON, RICHARD A 350 - D RACETRACK RD N.W. FT. WALTON BEACH, FL. 32547			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input checked="" 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			
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 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 times empowered.					
SIGNATURE: 			1-30-08 850 863-1920		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		