


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000128597
1. Entity Name
AFTER HOURS RACING, INC.



Principal Place of Business Mailing Address
6281 E SAWGRASS RD **6281 E SAWGRASS RD**
SARASOTA, FL 34240 **SARASOTA, FL 34240**



03042005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
20-0387539 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
MARZINSKE, KIM
6281 E SAWGRASS RD
SARASOTA, FL 34240

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MARZINSKE, KIM STEVEN
STREET ADDRESS	6281 E SAWGRASS RD
CITY-ST-ZIP	SARASOTA, FL 34240
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/26/05-80021-021 150.00

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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 an address, with all other like empowered.

SIGNATURE: *Kim Marzinske* **Kim Marzinske** 4/23/05 _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #