


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2007 8:00 am
Secretary of State

04-20-2007 90075 025 ***150.00

DOCUMENT # P03000128876	
1. Entity Name ROUND 2 MOTORCYCLES, INC.	

Principal Place of Business 1523 N COCOA BLVD COCOA, FL 32922	Mailing Address 1523 N.COCOA BLVD. COCOA, FL 32922
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40072234



2. Principal Place of Business - No P.O. Box # 5380 N. Cocoa Blvd.	3. Mailing Address 5380 N. Cocoa Blvd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

01112007 Chg-P CR2E034 (12/06)

City & State Cocoa, FL	City & State Cocoa, FL
Zip 32927	Zip 32927
Country Brevard	Country Brevard

4. FEI Number 51-0487656	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent ROYLE, SCOTT 2720 MARSHALL CT. COCOA, FL 32926	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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
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FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROYLE, SCOTT 1523 N.COCOA BLVD. COCOA, FL 32922 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 an other like empowered.

SIGNATURE: <i>Scott Royle</i>	4/16/07	321-638-2100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone *