2007 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 23, 2007 08:00 A Secretary of State **DOCUMENT # P04000009803** 1. Entity Name RPM RACING ENGINES INC. Principal Place of Business Mailing Address 3505 FONTANEDA AVE 3505 FONTANEDA AVE FT PIERCE, FL 34947 FT PIERCE, FL 34947 04182007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-0604958 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent TOKES, BILLY G DO NOT WRITE 3505 FONTANEDA AVE FT PIERCE, FL 34947 IN THIS SPACE 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. DATE Signature, typed or printed name of registered agent and little if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE TOKES, BILLY G NAME STREET ADDRESS 3505 FONTANEDA AVE FT PIERCE, FL 34947 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE STREET ADDRESS CITY+ST-7IP TITLE NAME STREET ADDRESS CITY-ST-ZIP U00000721878 TITLE 05/02/07-80009-011 150.00

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: 3

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-16-07 772-475-3610
Date Day/me Phone #

FILED