

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000011054

FILED
Apr 08, 2006
Secretary of State

Entity Name: PANHARD MOTORSPORTS DEVELOPMENT, INC.

Current Principal Place of Business:

1205 CROSSBOW LANE
TARPON SPRINGS, FL 34689

New Principal Place of Business:

Current Mailing Address:

1205 CROSSBOW LANE
TARPON SPRINGS, FL 34689

New Mailing Address:

FEI Number: 37-1482253 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CAMPBELL, ANDREW
1205 CROSSBOW LANE
TARPON SPRINGS, FL 34689 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CAMPBELL, ANDREW
Address: 1205 CROSSBOW LANE
City-St-Zip: TARPON SPRINGS, FL 34689

Title: V () Delete
Name: JAMIESON, IAN
Address: UNIT 2, 32 HORORATA RD.
City-St-Zip: TAKAPUMA, AUKLAND, AK NA NZ

Title: V () Delete
Name: JONSSON, NICLAS L
Address: 1400 MALL OF GEORGIA BLVD. APT. 1626
City-St-Zip: BUFORD, GA 30519

Title: CFO () Delete
Name: MCGEE, PHILLIP
Address: 5214 TWIN CREEKS DRIVE
City-St-Zip: VALRICO, FL 33594

Title: SEC (X) Delete
Name: CAMPBELL, KARI
Address: 1205 CROSSBOW LANE
City-St-Zip: TARPON SPRINGS, FL 34689

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: CFO (X) Change () Addition
Name: MCGEE, PHILLIP
Address: 5214 TWIN CREEKS DRIVE
City-St-Zip: VALRICO, FL 33594

Title: SEC (X) Change () Addition
Name: CAMPBELL, KARI
Address: 1205 CROSSBOW LANE
City-St-Zip: TARPON SPRINGS, FL 34689

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANDREW CAMPBELL

P

04/08/2006

Electronic Signature of Signing Officer or Director

_____ Date