


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000066173

1. Entity Name
TRIKES BY TONY POWERSPORTS, INC.



Principal Place of Business
**3238 S. FLORIDA AVE
 INVERNESS, FL 34450**

Mailing Address
**3238 S. FLORIDA AVE
 INVERNESS, FL 34450**

DO NOT WRITE IN THIS SPACE



03202006 No Chg-P CR2E034 (11/05)

4. FEI Number
20-1087245

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**SPARACINO, ANTHONY
 3238 S. FLORIDA AVE
 INVERNESS, FL 34450**

DO NOT WRITE 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.

SIGNATURE _____ (NOTE: Registered Agent signature required when re/instating) _____ DATE _____

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P SPARACINO, ANTHONY G 8292 E. GULF-TO-LAKE HIGHWAY INVERNESS, FL 34450
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S SPARACINO, PEGGY A 8292 E. GULF-TO-LAKE HIGHWAY INVERNESS, FL 34450
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 04/12/06 80048-012 158.75

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: Anthony A. Sparacino **3-28-06** **(352) 344-2637**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #