
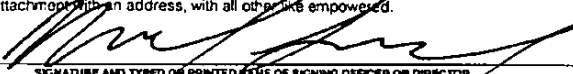


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 09, 2005 8:00 am
Secretary of State

04-15-2005 90225 001 ***300.00

DOCUMENT # P04000072701			
1. Entity Name GUARANTEED MOTOR SPORTS INC.			
Principal Place of Business 4403 VINELAND RD SUITE B12 ORLANDO, FL 32819		Mailing Address PO BOX 985 HAINES CITY, FL 33845	
2. Principal Place of Business P.O. Box 985		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State HAINES CITY FL		City & State	
Zip 33845	Country USA	Zip	Country
8. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145		7. Name and Address of New Registered Agent Name MICHAEL B LEONARD Street Address (P.O. Box Number is Not Acceptable) 2664 COUNTRY CLUB ROAD NORTH City WINTER HAVEN FL Zip Code 33881	
9. 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 reappointing) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PSTD LEONARD, MICHAEL B 4403 VINELAND RD SUITE B12 ORLANDO, FL 32819 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	LEONARD, MICHAEL B <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2664 COUNTRY CLUB ROAD NORTH WINTER HAVEN, FL 33881
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
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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 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: 		4/11/05 803-422-9119 Daytime Phone #	