


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jun 20, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P05000022901</b> 1. Entity Name <b>POWER STRIDE RACING, INC.</b>	
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Principal Place of Business <b>5500 FLAGHOLE ROAD CLEWISTON, FL 33440</b>	Mailing Address <b>5500 FLAGHOLE ROAD CLEWISTON, FL 33440</b>
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**DO NOT WRITE IN THIS SPACE**



06052007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>20-2865187</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**JACKSON, ANDREW B ESQ.  
150 NORTH COMMERCE AVENUE  
SEBRING, FL 33870**

**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 reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P HILLIARD, BRYAN 5500 FLAGHOLE RD CLEWISTON, FL 33440</b>
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06/20/07-80003-009 550.00

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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:** B - Reed Hilliard Bryan Reed Hilliard 6/6/2007 863-673-2044  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #