


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2007 8:00 am
Secretary of State

04-25-2007 90163 008 ***158.75

DOCUMENT # P05000051945	
1. Entity Name CENTRAL FLORIDA WINGLESS SPRINT CAR ASSOCIATION, INC	

Principal Place of Business 13555 US HWY 301 N THONOTOSASSA, FL 33592	Mailing Address 13555 US HWY 301 N THONOTOSASSA, FL 33592
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2. Principal Place of Business - No P.O. Box # 2613 N. 59th St.	3. Mailing Address 2613 N. 59th St.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Tampa - Fla.	City & State Tampa - Fla.
Zip 33619	Country USA
City & State Tampa - Fla.	City & State Tampa - Fla.
Zip 33619	Country USA

04192007 Chg-P CR2E034 (12/06)

4. FEI Number 20-2593159	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SANDS, KENNETH R 13555 US HWY 301 N THONOTOSASSA, FL 33592	
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7. Name and Address of New Registered Agent	
Name CARLA RUDOLPH	
Street Address (P.O. Box Number is Not Acceptable) 2613 N. 59th St.	
City Tampa	FL Zip Code 33619

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 Carla Rudolph Signature, typed or printed name of registered agent and title if applicable.	DATE 4-20-07 DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	<input checked="" type="checkbox"/> Delete	TITLE P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SANDS, KENNETH R		NAME CARLA RUDOLPH	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 13555 US HWY 301 N		STREET ADDRESS 2613 N. 59th St.	
CITY-ST-ZIP THONOTOSASSA, FL 33592		CITY-ST-ZIP Tampa - Fla. 33619	
TITLE V	<input type="checkbox"/> Delete	TITLE V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME RUDOLPH, CARLA		NAME Michael Rudolph	
STREET ADDRESS 2613 59TH ST N		STREET ADDRESS 2613 N. 59th St.	
CITY-ST-ZIP TAMPA, FL 33619		CITY-ST-ZIP Tampa - Fla. 33619	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: Carla Rudolph SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date 4-20-07 Daytime Phone # 813-621-1549