

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P05000081383

1. Entity Name  
RACING INTEGRATION, INC.



Principal Place of Business  
1717 E BUSCH BLVD STE 306  
TAMPA, FL 33612

Mailing Address  
1717 E BUSCH BLVD STE 306  
TAMPA, FL 33612

2. Principal Place of Business

*7204 LAKES DIVIDE*

Suite, Apt. #, etc.

3. Mailing Address

*7204 LAKES DIVIDE*

Suite, Apt. #, etc.

City & State

*TAMPA*

City & State

*TAMPA*

Zip

*33637*

Country

Zip

*33637*

Country

6. Name and Address of Current Registered Agent

ETTIENNE, COLLIN  
7204 LAKES DIVIDE RD  
TAMPA, FL 33637

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

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: P  
NAME: ETTIENNE, COLLIN  
STREET ADDRESS: 7204 LAKES DIVIDE RD.  
CITY-ST-ZIP: TAMPA, FL 33637

Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

Change  Addition

TITLE:  Delete  
NAME:  Delete  
STREET ADDRESS:  Delete  
CITY-ST-ZIP:  Delete

TITLE:  Change  Addition  
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CITY-ST-ZIP:  Change  Addition

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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*03/09/06 (813) 857-7530*

Date

Daytime Phone #

**FILED  
Apr 27, 2006 8:00 am  
Secretary of State**

04-27-2006 90205 008 \*\*\*150.00