
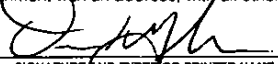


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2007 8:00 am**  
**Secretary of State**

05-01-2007 90040 001 \*\*\*150.00

<b>DOCUMENT # P05000083064</b> 1. Entity Name <b>MUSTANG DYNAMOMETER DISC, INC.</b>					
Principal Place of Business <b>14822 BELLEZE LANE NAPLES, FL 34110</b>			Mailing Address <b>14822 BELLEZE LANE NAPLES, FL 34110</b>		
2. Principal Place of Business - No P.O. Box # <b>14822 Bellezza Lane</b>		3. Mailing Address <b>14822 Bellezza Lane</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>20-3198525</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>GANZHORN, DEAN K. 14822 BELLEZE LANE NAPLES, FL 34110</b>			7. Name and Address of New Registered Agent Name <b>Dean K. Ganzhorn</b> Street Address (P.O. Box Number is Not Acceptable) <b>14822 Bellezza Lane</b> City <b>FL</b> 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  <b>Dean K. Ganzhorn</b> DATE <b>4-25-07</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>GANZHORN, DEAN</b> <b>14822 BELLEZE LANE</b> <b>NAPLES, FL 34110</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>GANZHORN, DONALD</b> <b>14822 BELLEZE LANE</b> <b>NAPLES, FL 34110</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete			
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>Dean K. Ganzhorn</b> DATE <b>4-25-07</b> DAYTIME PHONE # <b>330-963-5400</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					