2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 12, 2006 8:00 am
Secretary of State
05-12-2006 90026 048 ***150.00

DOCUMENT # P05000114253

1. Entity Name
MODULAR MADNESS SPEED CENTERS INC.

Principal Place of Business	Mailing Address
2220 WHITFIELD PARK AVE SARASOTA, FL 34243	2220 WHITFIELD PARK AVE SARASOTA, FL 34243

04142006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
2017 WHITFIELD PARK Dr	2017 WHITFIELD pk Dr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: SARASOTA, FL ~~34243~~	City & State: SARASOTA FL
Zip: 34243 Country: US	Zip: 34243 Country: US

4. FEI Number: 20-3328942 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BATY, SHEILA
2814 93RD CT. EAST
PALMETTO, FL 34221

7. Name and Address of New Registered Agent

Name: BATY, SHEILA
Street Address (P.O. Box Number is Not Acceptable): 2017 WHITFIELD PARK Dr.
City: SARASOTA FL Zip Code: 34243

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: Sheila Baty SHEILA BATY 3-15-06
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	☐ Delete
NAME	BATY, SHEILA	
STREET ADDRESS	2814 93RD CT. EAST	
CITY-ST-ZIP	PALMETTO, FL 34221	
TITLE	VP	☐ Delete
NAME	WALKER, DON	
STREET ADDRESS	2814 93RD CT. EAST	
CITY-ST-ZIP	PALMETTO, FL 34221	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VP	☒ Change ☐ Addition
NAME	BATY SHEILA	
STREET ADDRESS	2017 WHITFIELD PARK DR.	
CITY-ST-ZIP	SARASOTA, FL 34243	
TITLE	P	☒ Change ☐ Addition
NAME	WALKER, Don.	
STREET ADDRESS	2017 WHITFIELD PARK DR.	
CITY-ST-ZIP	SARASOTA, FL 34243	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
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: [signature] 4-15-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #