## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## **FILED** Apr 17, 2008 08:00 All Secretary of State DOCUMENT # P05000146294 MINIBIKES OF FLORIDA, INC. Principal Place of Business Mailing Address 2200 US HWY 301 N UNIT 4-A **4212 CAPE VISTA DRIVE** PALMETTO, FL 34221 BRADENTON, FL 34209 03152008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FE! Number 84-1690338 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CANNON, MARK DO NOT WRITE **4212 CAPE VISTA DRIVE** BRADENTON, FL 34209 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, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when re-instating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 U00000903506 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 04/30/08-80048-011 150.00 10. OFFICERS AND DIRECTORS TITLE CANNON, MARK NAME STREET ADDRESS 4212 CAPE VISTA DRIVE CITY-ST-ZIP BRADENTON, FL 34209 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY - ST - ZtP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

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 his 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 other like empowered.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR