2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000163556

1. Entity Name
CHEATER MOTORSPORTS, INC.

Principal Place of Business	Mailing Address
6118 ALLEN LANE LAKELAND, FL 33811	6118 ALLEN LANE LAKELAND, FL 33811

DO NOT WRITE IN THIS SPACE

01082007   No Chg-P   CR2E034 (11/05)

4. FEI Number 20-3958173	Applied For
	Not Applicable

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

6. Name and Address of Current Registered Agent

ROBINSON, AMANDA
6104 ALLEN LANE
LAKELAND, FL 33811

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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, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

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10. OFFICERS AND DIRECTORS

TITLE	PTS
NAME	ROBINSON, AMANDA
STREET ADDRESS	6104 ALLEN LANE
CITY-ST-ZIP	LAKELAND, FL 33811

TITLE	VP
NAME	ROBINSON, DONALD
STREET ADDRESS	6118 ALLEN LANE
CITY-ST-ZIP	LAKELAND, FL 33811

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/09/07-80046-005 150.00

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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: _Amanda Robinson_ Amanda Robinson   4/24/07   863-647-2759

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #