## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## **FILED** May 23, 2007 8:00 am Secretary of State 05-02-2007 90060 042 \*\*\*150.00

1. Entity Name CORRY RACING WORLDWIDE, INC.							03-02-	2007 900	000 042	130.00	
6858 FOREST HILL BOULEVARD 6858 F				ng Address 88 FOREST HILL BOULEVARD ST PALM BEACH, FL 33413 US			66016234				
2. Principal Place of Business - No P.O. Box # 3. Mailing Address					·						
Suite, Apt. #, etc.			Suite, Apt. #. etc.			01272007	Chg-P	CR2E0	34 (12/06)		
City & State			City & State		4. FEI Numb	198897	75		oplied For ot Applicable		
Zip	Country		Zip Count		lry	5. Certificate	of Status Desired		\$8.75 Add Fee Require		
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent Name						
CORRY, MICHAEL E 6858 FOREST HILL BOULEVARD					Street Address (P.O. Box Number is Not Acceptable)						
WEST PALM BEACH, FL 33413											
					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 paged name of registered agent and life if applicable. (NOTE: Registered Agent algorisher required when reinstating)  DATE											
FILE NOWILL FEE 18 \$150.00  After May 1, 2007 Fee will be \$550.00  9. Election Campaign Financing \$5,0  Trust Fund Contribution.											
10.	OFF	ICERS AND DIREC	CTORS	11.		ADDITIONS	/CHANGES TO OF	FICERS AND	DIRECTOR	\$ IN 11	
TITLE	P, S Delets				:				Change	☐ Addition	
STREET ADDRESS	CORRY, MICHAEL E 6858 FOREST HILL BOULEVARD				E ZZENOORESS						
City-ST-ZP					-ST-ZP						
TITLE	T, D Delets				:				Change	Addition	
NAME	CORRY, MICHAEL E			NAM	E Et adoress						
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CITY-ST-ZIP				ary	-51-ZIP						
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NAME STREET ADORESS	ļ			HAAH STRE	E ADORESS						
CITY-ST-ZIP	<u> </u>				-\$1- <b>21</b> P						
TITLE			☐ Delete	100					Change	☐ Addition	
STREET ACTORESS	1			HAM	ET ADORESS						
CITY-ST-ZE				CITY	-ST-ZIP						
12. ! hereby	sertify that the information s	supplied with this I	iling does not qualify fo	r the ex	emetions containe	d in Chapter 11	9. Florida Statutes.	i further cer	tily that the li	nformation	
12. I hereby certify that the information supplied with this filling does not qualify for the grametions 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 mustifinative shall have the same legal effect as if made under eath; that I am an officer or director of the cappagation or the receiver or trustee empowered to execute this product of the cappagation of the receiver or trustee empowered to execute this product of the cappagation of the receiver or trustee empowered to execute this product of the cappagation of the receiver or trustee empowered to execute this product of the cappagation of the cappagation of the receiver or trustee empowered to execute the cappagation of the cappagation o											
SIGNATURE: 4/28/0											