2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P06000105463

City-St-Zip:

FILED Nov 19, 2008 Secretary of State

Entity Nar	me: FORT W	ALTON POWERSPORTS, INC	Ο.				
Current P	rincipal Place	e of Business:	New Principal Place of Business:				
	ENTOR CT Y, FL 32025						
Current M	lailing Addre	ss:	New Mailing Address:				
	ENTOR CT Y, FL 32025						
FEI Number:	: 65-1288495	FEI Number Applied For()	FEI Number Not Appl	icable ()	Certifica	te of Status Desired ()	
Name and	Address of (Current Registered Agent:	Name and	Address of No	ew Reg	istered Agent:	
50 N LAUF SUITE 170	JAMES T ESC RA STREET 00 VILLE, FL 322						
The above in the State	named entity e of Florida.	submits this statement for the p	ourpose of changing i	ts registered of	ice or r	egistered agent, or both,	
SIGNATUR	RE:						
	Electro	nic Signature of Registered Age	ent			Date	
OFFICERS	S AND DIREC	TORS:	ADDITION	IS/CHANGES 1	O OFF	ICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:			Title: Name: Address: City-St-Zip:	()(Change (() Addition	
Title: Name: Address: City-St-Zip:	() Delete	Title: Name: Address: City-St-Zip:	VP () O JONES, DON 314 SW MENTO LAKE CITY, FL	R CT	(X) Addition	
Title: Name: Address: City-St-Zip:	() Delete	Title: Name: Address: City-St-Zip:	SEC () OHOFFMAN, DOR 314 SW MENTO LAKE CITY, FL	EEN R CT	(X) Addition	
Title: Name: Address: City-St-Zip:	() Delete	Title: Name: Address: City-St-Zip:	DIR () (ALDOUS, JOHN 314 SW MENTO LAKE CITY, FL	R CT	(X) Addition	
Title: Name: Address:	() Delete	Title: Name: Address:	DIR () (ALDOUS, PATRI 314 SW MENTO	CIA	(X) Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip: LAKE CITY, FL 32025

SIGNATURE:	DOREEN HOFFMAN	SEC	11/19/2008