2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2007
Secretary of State

DOCUMENT# P06000106104

Entity Name: FULL THROTTLE HOBBIES INC

Current Principal Place of Business:

1490 NE PINE ISLAND RD STE 8C
CAPE CORAL, FL 33909

New Principal Place of Business:

Current Mailing Address:

1490 NE PINE ISLAND RD STE 8C
CAPE CORAL, FL 33909

New Mailing Address:

FEI Number: 06-1789284 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

A1A REGISTERED AGENT INC.
92 SADBERRY ROAD
QUINCY, FL 32351 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: SERRAGO, MICHAEL W
Address: 822 SW 31ST ST
City-St-Zip: CAPE CORAL, FL 33914

Title: DV ( ) Delete
Name: SERRAGO, MICHAEL A
Address: 903 SW 11TH AVE
City-St-Zip: CAPE CORAL, FL 33991

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: DV (X) Change ( ) Addition
Name: SERRAGO, MICHAEL A
Address: 1307 SW 30TH STREET
City-St-Zip: CAPE CORAL, FL 33914

I hereby certify that the information supplied with this filing does not qualify for the 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.

SIGNATURE: MICHAEL W. SERRAGO DP 02/06/2007

Electronic Signature of Signing Officer or Director — Date