2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000021685

Entity Name: CC'S MOTORCYCLE TRAINING, INC.

FILED Jan 06, 2009 Secretary of State

Current P	rincipal Place	of Business:	New Prince	New Principal Place of Business:		
2300 NOR STARKE, I	TH TEMPLE A FL 32091 U	VENUE S				
Current Mailing Address:			New Maili	New Mailing Address:		
P. O. BOX MIDDLEBU	51 JRG, FL 32050) US				
FEI Number:	: 20-8522631	FEI Number Applied For ()	FEI Number Not App	licable ()	Certificate of Status Desired ()	
Name and	Address of C	urrent Registered Agent:	Name and	Name and Address of New Registered Agent:		
4139 HALF	S, DAVID G F MOON CIRCI JRG, FL 3206					
	named entity s of Florida.	submits this statement for the	purpose of changing i	ts registered	d office or registered agent, or both,	
SIGNATUR	RE:					
	Electron	ic Signature of Registered Ag	jent		Date	
Election Car	mpaign Financing	Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip: Title: Name:	CHILDERS, GIA 4139 HALF MO MIDDLEBURG,	ON CIRCLE FL 32068 US Delete	Title: Name: Address: City-St-Zip: Title: Name:	CHILDERS, 4139 HALF M MIDDLEBUR	MOON CIRCLE EG, FL 32068 US (X) Change () Addition	
Address: City-St-Zip:	110 NORTH FLA	AMINGO AVENUE IGS, FL 32708 US	Address: City-St-Zip:	129 CLEARWATER ROAD SAN MATEO, FL 32187 US		
Title: Name: Address: City-St-Zip:	T (X) CHILDERS, DA' 4139 HALF MO MIDDLEBURG,	ON CIRCLE	Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name:	CHILDERS, MIC	Delete CHAEL A AMINGO AVENI IE	Title: Name:		() Change () 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:

SIGNATURE: DAVID G. CHILDERS P 01/06/2009

WINTER SPRINGS, FL 32708 US

City-St-Zip: