2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2009
Secretary of State

DOCUMENT# P07000031306

Entity Name: MUSCLE CAR TOURING, INC.

Current Principal Place of Business:

625 LAKE OSBORNE TERRACE
LAKE WORTH, FL 33461 US

New Principal Place of Business:

Current Mailing Address:

625 LAKE OSBORNE TERRACE
LAKE WORTH, FL 33461 US

New Mailing Address:

FEI Number: 20-8611365 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CHERNEKOFF, RYAN D PRES.
625 LAKE OSBORNE TERRRACE
LAKE WORTH, FL 33461 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: PRES ( ) Delete
Name: CHERNEKOFF, RYAN D
Address: 625 LAKE OSBORNE TERRACE
City-St-Zip: LAKE WORTH, FL 33461 US

Title: T ( ) Delete
Name: CHERNEKOFF, RYAN D
Address: 625 LAKE OSBORNE TERRACE
City-St-Zip: LAKE WORTH, FL 33461 US

Title: S ( ) Delete
Name: CHERNEKOFF, RYAN D
Address: 625 LAKE OSBORNE TERRACE
City-St-Zip: LAKE WORTH, FL 33461 US

Title: D ( ) Delete
Name: CHERNEKOFF, RYAN D
Address: 625 LAKE OSBORNE TERRACE
City-St-Zip: LAKE WORTH, FL 33461 US

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: V. P (X) Change ( ) Addition
Name: EDWARDS, CHUCK
Address: 249 SALVON LANE
City-St-Zip: COCOA, FL 32926 US

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

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

Title: T ( ) Change (X) Addition
Name: RYAN, CHERNEKOFF D
Address: 625 LAKE OWBORNE TERR
City-St-Zip: LAKE WORTH, FL 33461 US

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.

SIGNATURE: RYAN CHERNEKOFF PRES 04/01/2009

Electronic Signature of Signing Officer or Director — Date