

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P07000089661

Entity Name: MOD "1" MOTORSPORTS, INC.

FILED
Sep 16, 2008
Secretary of State

Current Principal Place of Business:

5050 SEMINOLE BLVD.
SEMINOLE, FL 33708

New Principal Place of Business:

Current Mailing Address:

5050 SEMINOLE BLVD.
SEMINOLE, FL 33708

New Mailing Address:

FEI Number: 33-1175584

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

QUIN, DEREK L
5050 SEMINOLE BLVD.
SEMINOLE, FL 33708 US

Name and Address of New Registered Agent:

QUIN, JAMES D
5050 SEMINOLE BLVD.
SEMINOLE, FL 33708 US

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: JAMES D QUIN

09/16/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: QUIN, DEREK L
Address: 129 13RD AVE APT #3
City-St-Zip: MADEIRA BEACH, FL 33708

Title: SC/T (X) Delete
Name: QUIN, JAMES D
Address: 5050 SEMINOLE BLVD
City-St-Zip: SEMINOLE, FL 33708

Title: D (X) Delete
Name: SCHERER, STEFAN A
Address: 220 125TH AVE
City-St-Zip: TREASURE ISLAND, FL 3706

Title: D (X) Delete
Name: FOLEY, MONICA M
Address: 220 125TH AVE
City-St-Zip: TREASURE ISLAND, FL 33706

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: QUIN, JAMES D
Address: 129 13RD AVE APT #3
City-St-Zip: MADEIRA BEACH, FL 33708

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

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

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

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: JAMES D QUIN

P

09/16/2008

Electronic Signature of Signing Officer or Director

Date