2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008
Secretary of State

DOCUMENT# P07000132388

Entity Name: CHECKER FLAG MOTORSPORTS, INC.

Current Principal Place of Business:

2141 NORTH LANE AVENUE
JACKSONVILLE, FL 32254 US

New Principal Place of Business:

Current Mailing Address:

C/O BRIAN NEWTON, PRESIDENT
1114 KOPRIL LANE
LONGWOOD, FL 32779 US

New Mailing Address:

931 N. STATE ROAD 434
SUITE 1201
ALTAMONTE SPRINGS, FL 32714 US

FEI Number: 26-1600115 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LEFKOWITZ, IVAN M
430 N MILLS AVE
SUITE 4
ORLANDO, FL 32803 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: PD ( ) Delete
Name: NEWTON, BRIAN
Address: 1114 KOPRIL LANE
City-St-Zip: LONGWOOD, FL 32779 US

Title: VP D ( ) Delete
Name: LEFKOWITZ, IVAN M
Address: 430 N MILLS AVE, SUITE4
City-St-Zip: ORLANDO, FL 32803 US

Title: STD ( ) Delete
Name: STEVENSON, HARRY J
Address: 1900 OAKBROOK DRIVE
City-St-Zip: LONGWOOD, FL 32750 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: NEWTON, BRIAN
Address: 931 N. SR 434, SUITE 1201
City-St-Zip: ALTAMONTE SPRINGS, FL 32714 US

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: IVAN M LEFKOWITZ VP 04/30/2008
Electronic Signature of Signing Officer or Director Date