FILED Feb 05, 2007 8:00 am Secretary of State 2007 FOR PROFIT CORPORATION **ANNUAL REPORT** DOCUMENT # P94000024359 02-05-2007 90115 040 ***150.00 RACK HOLDING CORP. Principal Place of Business Mailing Address 60012385 % COLONY WEST COUNTRY CLUB % COLONY WEST COUNTRY CLUB 6800 N.W. 88TH AVE. 6800 N.W. 88TH AVE. TAMARAC, FL 33321 TAMARAC, FL 33321 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01252007 Chg-P CR2E034 (12/06) City & State 4. FEI Number City & State 59-2613132 Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RACK, NORMAN C Street Address (P.O. Box Number is Not Acceptable) C/O 6800 NW 88TH AVE TAMARAC, FL 33321

8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable DATE (NOTE Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 \Box Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE Change ☐ Addition RACK, NORMAN NAME NAME STREET ADDRESS % 6800 N.W. 88TH AVE. STREET ADDRESS CITY+ST-ZIP TAMARAC, FL 33321 CHTY-ST-ZIP TITLE Delete Change Addition TITLE NAME SHERMAN, JANICE NAME STREET ADDRESS % 6800 N.W. 88TH AVE. STREET ADDRESS CITY-ST-ZIP TAMARAC, FL 33321 CITY-ST-2IP Change | ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Applied For

Zip Code

Not Applicable