

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P94000028635

1. Entity Name  
RACERICK, INC.



Principal Place of Business  
7832 N SOUTHWOOD CIRCLE  
FORT LAUDERDALE, FL 33328 US

Mailing Address  
7832 N SOUTHWOOD CIRCLE  
FORT LAUDERDALE, FL 33328 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

THORPE, RICKY V  
7832 N SOUTHWOOD CIRCLE  
FORT LAUDERDALE, FL 33328

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution.

\$5.00 May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE DPST  
NAME THORPE, RICKY V  
STREET ADDRESS 7832 N SOUTHWOOD CIRCLE  
CITY-ST-ZIP FORT LAUDERDALE, FL 33328

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**11.**

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

Change  Addition

Change  Addition

Change  Addition

Change  Addition

Change  Addition

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

4-27-06

Date

Daytime Phone #

**FILED  
May 01, 2006 8:00 am  
Secretary of State**

05-01-2006 90351 027 \*\*\*150.00



04242006 Chg-P CR2E034 (11/05)