2006 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 23, 2006 08:00 AN **DOCUMENT # P94000082285** 1. Entity Name **Secretary of State** S & J RACING, INC. Principal Place of Business Mailing Address **102 BUCKSKIN LANE 102 BUCKSKIN LANE** ORMOND BEACH, FL 32174 ORMOND BEACH, FL 32174 01182008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3281638 Not Applicable \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE QUANDT-FREW, SABINA 102 BUCKSKIN LANE ORMOND BEACH, FL 32174 IN THIS SPACE 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 (NOTE: Registered Agent aignature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. 60 TITLE FREW, JOHN NAME STREET ADDRESS 102 BUCKSKIN LANE CITY-ST-ZIP ORMOND BEACH, FL QUANDT-FREW, SABINA NAME STREET ADDRESS 102 BUCKSKIN LANE H00000393853 CITY-ST-ZIP ORMOND BEACH, FL 01/25/06-80039-005 150.00 MLE NAME STREET ADDRESS DO NOT WRITE CATY-ST-ZIP IN THIS SPACE STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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 attachgrent with an address, with all other like empowered.

SIGNATURE:

CITY-51-7/P

MATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1 19 06 386-672-8329

FILED