2008 FOR PROFIT CORPORATION

FILED Mar 24, 2008 08:00 A **ANNUAL REPORT** Secretary of State DOCUMENT # P96000004752 1. Entity Name HAAS RACING ENTERPRISES INC. Principal Place of Business Mailing Address 114 OLYMPUS CIRCLE 114 OLYMPUS CIRCLE JUPITER, FL 33477 JUPITER, FL 33477 No Chg-P CR2E034 (11/05) 03212008 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0632168 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent HAAS, JOEL DO NOT WRITE 114 OLYMPUS CIRCLE JUPITER, FL 33477 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 Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE NAME HAAS, JOEL C 114 OLYMPUS CIRCLE STREET ADDRESS CITY-ST-ZIP JUPITER, FL 33477 TITLE U00000868059 NAME 04/08/08-80098-009 150.00 STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP

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 attachment with an address, with all other (the empowered).

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR