


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2006 8:00 am
Secretary of State

02-28-2006 90018 044 ***158.75

DOCUMENT # P96000009702	
1. Entity Name M & M MOTORSPORTS, INC.	

Principal Place of Business 18562 U.S. 19 NO SUITE C CLEARWATER, FL 33764 US	Mailing Address 2970 CIELO CIR N CLEARWATER, FL 33759 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address 1391 AMBASSADOR DR. Suite, Apt. #, etc.
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City & State CLEARWATER, FL	City & State CLEARWATER, FL
Zip 33764	Country USA

01182006 Chg-P CR2E034 (11/05)

4. FEI Number 59-3367061	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent DONALD R MCCARTHY 2970 CIELO CIR N CLEARWATER, FL 33759	
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7. Name and Address of New Registered Agent Name DONALD R MCCARTHY Street Address (P.O. Box Number is Not Acceptable) 1391 AMBASSADOR DR. City CLEARWATER FL Zip Code 33764	
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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 DONALD R MCCARTHY <small>Signature, typed or printed name of registered agent and title if applicable</small>	D R M C <small>(NOTE: Registered Agent signature required when reappointing)</small>	2-23-06 <small>DATE</small>
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FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	8. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES MCCARTHY, DONALD R 2970 CIELO CIRCLE N CLEARWATER, FL 33759 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CRISTIN DAWN MCCARTHY 1391 AMBASSADOR DR. CLEARWATER FL 33764 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MCCARTHY, CHERYL A 2970 CIELO CIRCLE N CLEARWATER, FL 33759 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: DONALD R MCCARTHY	2-23-06	727. 531-2345
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Daytime Phone #</small>