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2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000048570

1. Entity Name

HOT WHEELS SKATING CENTER, INC.



FILED May 10, 2006 8:00 am Secretary of State

05-10-2006 90092 040 ***150.00

383 COLEMAN STREET CRESTVIEW, FL 32536

CRESTVIEW, FL 32536

Principal Place of Business

Mailing Address 383 COLEMAN STREET CRESTVIEW, FL 32536

60037434



DO NOT WRITEIN THIS SPACE

6. Name and Address of Current Registered Agent

03262004

No Chg-P

CR2E034 (10/03)

4. FEI Number 59-3452756 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

RICHTER, FRANZ A 383 COLEMAN STREET

DO NOT WRITE IN THIS SPACE

the obligat	inamed entity submits this stations of registered agent.	atement for the purpose of	of changing its regist	ered office or	registered agent, or both	n, in the State of Florida. I am familiar with, i	and accept
SIGNATURE	Signature, typed or printed name of	stored agent and life If applicable	. (NOTE: Regist	ered Agent signalu	re required when reinstating)	DATE	
FILE NOWIII FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.				
10.	OFFIC	ERS AND DIRECTORS		TINE Y	15.275.000.33	The second second	· · · · · · · · · · · · · · · · · · ·
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD RICHTER, YE SUN 383 COLEMAN STREET CRESTVIEW, FL. 32536				Activities Schiebersheiter Schiebersheiter Schiebersheiter Schiebersheiter Schiebersheiter Schiebersheiter Sch		
TITLE NAME STREET ADDRESS: CHY-ST-ZIP	VSM RICHTER, FRANZ 383 COLEMAN STREET CRESTVIEW, FL 32536						
TITLE HAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
HAME STREET ADDRESS CITY-SI-ZIP TITLE							

12. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall to 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:

STREET ADDRESS CITY - ST - ZIP

A Sur Pana

/1/06

Daytime Phone #