


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2005 8:00 am**  
**Secretary of State**

04-27-2005 90352 015 \*\*\*150.00

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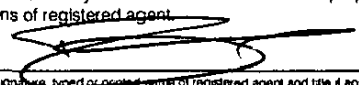
<b>DOCUMENT # P98000026657</b>		
1. Entity Name TMC MARKETING & MOTORSPORTS, INC.		

Principal Place of Business 900 E ATLANTIC BLVD STE 17 POMPANO BEACH, FL 33060	Mailing Address 900 E ATLANTIC BLVD STE 17 POMPANO BEACH, FL 33060
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2. Principal Place of Business 7041 W. Comm Blvd. Suite, Apt. #, etc. 6A City & State Ft Lauderdale FL Zip 33319 Country USA	3. Mailing Address 7041 W. Comm. Blvd Suite, Apt. #, etc. 6A City & State Ft Lauderdale FL 33319 Zip Country USA
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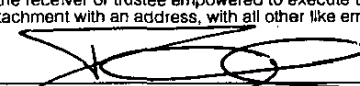
04072005 Chg-P CR2E034 (10/03)	
4. FEI Number 65-0821043	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent MACDONALD, TERRY 900 E ATLANTIC BLVD STE 17 POMPANO BEACH, FL 33060	
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7. Name and Address of New Registered Agent Name Terry MacDonald Street Address (P.O. Box Number is Not Acceptable) 7041 W. Commercial Blvd Ste 6A City Ft Lauderdale FL Zip Code 33319	
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.	DATE Terry MacDonald April 19/05 (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. 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	DPST MACDONALD, TERRY 900 E ATLANTIC BLVD STE 17 POMPANO BEACH, FL 33060 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	3705 Azalea Ct High Point NC 27265 <input checked="" 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
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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 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 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	Date Terry MacDonald 954-771-3757 Daytime Phone #