2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR) /

if changed, or on an attachment with an address, with all other like empowered

Mar 05, 2007 08:00 AM Secretary of State DOCUMENT # P98000037418 1. Entity Name RACETRACK MOTORS, INC. Principal Place of Business Mailing Address 825 N EGLIN PARKWAY 190 PATRICK DR. FORT WALTON BEACH FL 32547 **DEFUNIAK SPRINGS FL 32433** 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Number Applied For 59-3515354 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HIGHSMITH, TRACY 190 PATRICK DR. Street Address (P.O. Box Number is Not Acceptable) DEFUNIAK SPRINGS FL 32433. City Zip Code 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 authicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. BRE Defete 1171.5 □ Change Addition HIGHSMITH, TRACY NAMI 190 PATRICK DR. U000000656543 STREET ADDRESS STREET ADDRESS DEFUNIAK SPRINGS FL 32433 03/14/07-80029-019 150.00 CITY-ST-ZIP CITY-ST-ZIP Tiffe ☐ Delete ☐ Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-S1-ZIP HILE Delete D .iiii NAMI STREELADORESS STREET ADDRESS CITY - ST - 7JP CITY-ST-7IP ШТ Defete ☐ Change ☐ Addition NAME NAMI STRIET ADDRESS STREET ADDRESS CHY-S1-7P CITY+ST-ZIP THILE ☐ Delete ☐ Change Addition NAMI STREET ADDRESS STREET ADDRESS CITY-S1-ZIP CITY-ST-ZIP 11111 ☐ Delete TIME (Change ☐ Addition NAME NAME STRUCT ADDRESS STREET ADDRESS CHY-SI-ZIP CHY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 trusice empowered to execute this report as required by Chapter 607. Florida Statutes, and that my name appears in Block 10 or Block 11

FILED