2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 14, 2006 8:00 am Secretary of State 04-14-2006 90135 010 ***150.00 DOCUMENT # P98000038467 NEPTUNE RACING, INC. Principal Place of Business Mailing Address 995 TERMINAL ST 995 TERMINAL ST PALM BAY, FL 32909 PALM BAY, FL 32909 2. Principal Place of Business Mailing Address 995 Terminalst. SE 995 Terminal St. SE Suite, Apt. #, etc. Suite, Apt. #, etc. 01252006 Chg-P CR2E034 (11/05) City & State City & State 4. FEI Number Applied For PalmBa FL 59-3514301 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent priest, weldon R. less (P.O. Box Number is Not Acceptable) Terminal St. DUPRIEST, WELDON R III 995 TERMINAL ST PALM BAY, FL 32909 Palm Bas 32909 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. Weldon R. Dupriest III, Reg. Agent 01/25/06 SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 DPT DPT TITLE ☐ Delete TITLE Change ☐ Addition DUPRIEST, WELDON R III Dupriest, weldon R. III 995 Terminal St. SE NAME NAME STREET ADDRESS 995 TERMIAL ST STREET ADDRESS CITY-ST-ZIP PALM BAY, FL 32909 CITY-ST-ZIP TITLE ☐ Delete DS TITI F Change ■ Addition DUPRIEST, ANN G NAME NAME Dupriest, Ann. G. 2348 Aquiles St. NE Palm Bay, FL. 329 STREET ADDRESS 2348 AQULIOS ST., NE STREET ADDRESS CITY-ST-ZIP PALM BAY, FL 32909 CiTY-ST-7IP TITLE ☐ Delete TITLE ☐ Change □ Addition NAME NAME STREET ADDRESS STREET AODRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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: Weldon R. Dupriest III 01/25/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

321-768-9980