2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000075377

Entity Name: S & B RACING, INC.

FILED Mar 09, 2005 Secretary of State

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Current Principal Place of Business: New Principal Place of Business:

4045 BRUNER RD. 436 OLIVER DRIVE

PT. ORANGE, FL 32129 US NEW SMYRNA BEACH, FL 32168 US

Current Mailing Address: New Mailing Address:

4045 BRUNER RD. 3312 LIME TREE DRIVE

PT. ORANGE, FL 32129 US EDGEWATER, FL 32141 US

FEI Number: 59-3524693 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ROCKETT, PAMELA J WILKINS, DOROTHY E 1184 PELLICIER CT. 436 OLIVER DRIVE

PT. ORANGE, FL 32129 US NEW SMYRNA BEACH, FL 32168 US

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.

SIGNATURE: DOROTHY E WILKINS 03/09/2005

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title:

P () Delete Title: P (X) Change () Addition

Name: BARBERIE, FRANK 111 Name: WILKINS, DOROTHY E Address: 4045 BRUNER RD Address: 436 OLIVER DRIVE

City-St-Zip: PT. ORANGE, FL 32129 US City-St-Zip: NEW SMYRNA BEACH, FL 32168 US

Title: VP () Delete Title: VP (X) Change () Addition Name: BARBERIE. GERTRUDE J Name: GODFREY. MICHAEL J III

Name:BARBERIE, GERTRUDE JName:GODFREY, MICHAEL J IIIAddress:4045 BRUNER RDAddress:3312 LIME TREE DRIVECity-St-Zip:PT. ORANGE, FL 32129 USCity-St-Zip:EDGEWATER, FL 32141 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DOROTHY E WILKINS P 03/09/2005