## **2006 FOR PROFIT CORPORATION**

## **ANNUAL REPORT** DOCUMENT # P98000103446

1. Entity Name

**SIGNATURES** 



**FILED** Apr 14, 2006 8:00 am Secretary of State 04-14-2006 90138 035 \*\*\*150.00

Katherine E. Steinbach 4/11/06 727-571-3023

APPLIED RACING TECHNOLOGY, INC.												
Principal Place of Business 5020 110TH AVE. N. CLEARWATER, FL 33760 US				Mailing Address 5020 110TH AVE. N. CLEARWATER, FL 33760 US								
2. Principal Place of Business				3. Mailing Address								
Suite, Apt. #, etc.				Suite, Apt. #, etc.				01052006			5.5	)  <b>       </b>
City & State			-	City & State				4. FEI Numb	Chg-P	CRZEUS	34 (11/05)	polied For
<u> </u>	Country			Zip Country				59-354			No	t Applicable
Zip				Coun	try		5. Certificate of Status Desired S8.75 Additional Fee Required					
Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent Name						
STEINBACH, KATHERINE E												
3101 WALNUT ST. N.E. ST. PETERSBURG, FL 33704						Street Address (P.O. Box Number is Not Acceptable)						
						City				FL	Zip Code	e
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, types	or printed name of registered	ageni and tille	ii applicable (NOTe	- Hegistere	d Agent signat	ure required	when reinstating)		DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00  9. Election Campaign Financing Trust Fund Contribution.  9. Election Campaign Financing Added to Fees												
10.	OFFICERS AND DIRECTORS 11								CHANGES TO OFF	ICERS AND	DIRECTOR	S IN 11
TITLE NAME	D Delete TITL STEINBACH, KATHERINE E NAM						Dire	ctor	Perek P. + St. N.E.		Change	Addition
STREET ADDRESS		.NUT ST. N.E.	<u>-</u>	NAME STREE			3101	Walnu	+ St. N.E.			
CITY-ST-ZIP	ST-ZIP ST. PETERSBURG, FL 33704			CITY-			St. P.	Petersbur	9, FL 33	704		
TITLE	☐ Dele					TITLE					Change	☐ Addition
NAME STREET ADDRESS					NAM, STRE	e Et address						
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NAME STREET ADDRESS					MAM	E Et address						
CITY-ST-ZIP						-ST-ZIP						
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NAME					NAMI		ļ					
STREET ADDRESS CITY-ST-ZIP						ET ADDRESS -St-Zip						
TITLE				☐ Delete	TITLE						☐ Change	☐ Addition
NAME					NAMI						ondings	
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CITY-ST-ZIP				<u></u>	_	- \$T-ZIP		,				
TITLE NAME				Delete	TITLE						☐ Change	☐ Addition
STREET ADDRESS						et address						
CITY-ST-ZiP					CITY	-ST-ZIP						
12. Thereby 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.												