## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

changed, or on an attachment will

AND TYPED OR PRINTED NAME OF SIGNING OFFIC

SIGNATURE:

## Mar 03, 2006 08:00 AM Secretary of State **DOCUMENT # P99000092874** PERFORMANCE MOTORSPORTS, INC. Principal Place of Business Mailing Address 16123 W COLONIAL DR 16123 W COLONIAL DR WINTER GARDEN, FL 34787 WINTER GARDEN, FL 34787 No Chg-P 01232006 CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3604616 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent KERN, WYNDELL T DO NOT WRITE 17501 DEER ISLE CIRCLE WINTER GARDEN, FL 34787 IN THIS SPACE 6. 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 lamiliar with, and accept the obligations of registered agent SIGNATURE. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) CATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE KERN, WYNDELL T NAME STREET ADDRESS 17501 DEER ISLE CR U00000455137 M3/15/06-80044-001 150.00 CITY-ST-ZIP WINTER GARDEN, FL 7177 F KERN, RALPH P HAME STREET ADDRESS P.O. BOX 783189 WINTER GARDEN, FL 347783189 City-St-21P TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP उग्राह IN THIS SPACE STREET ADDRESS CSTY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CUY-ST-ZiP upplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information fial report is frue and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director rustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if i hereby certify that the information sur-indicated on this report or supplements

**FILED**