
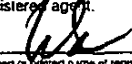
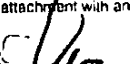


FILED
Feb 15, 2007 8:00 am
Secretary of State

01-22-2007 90084 019 ***150.00

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000092874			
1. Entity Name PERFORMANCE MOTORSPORTS, INC.			
Principal Place of Business 16123 W COLONIAL DR WINTER GARDEN, FL 34787		Mailing Address 16123 W COLONIAL DR WINTER GARDEN, FL 34787	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
KERN, WYNDELL T 17501 DEER ISLE CIRCLE WINTER GARDEN, FL 34787		Name: <u>Wyndell T. Kern</u> Street Address: <u>16123 W Colonial Dr.</u> City: <u>Winter Garden</u> FL <u>34787</u>	
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: 		DATE: <u>1/19/07</u>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: P	KERN, WYNDELL T	TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	President
STREET ADDRESS:	17501 DEER ISLE CR	STREET ADDRESS:	Wyndell T Kern
CITY-ST-ZIP:	WINTER GARDEN, FL	CITY-ST-ZIP:	16123 W Colonial Dr. Winter Garden, FL 34787
TITLE: VP	KERN, RALPH P	TITLE:	
STREET ADDRESS:	P.O. BOX 783189	STREET ADDRESS:	
CITY-ST-ZIP:	WINTER GARDEN, FL 347783189	CITY-ST-ZIP:	
TITLE:		TITLE:	
NAME:		NAME:	
STREET ADDRESS:		STREET ADDRESS:	
CITY-ST-ZIP:		CITY-ST-ZIP:	
TITLE:		TITLE:	
NAME:		NAME:	
STREET ADDRESS:		STREET ADDRESS:	
CITY-ST-ZIP:		CITY-ST-ZIP:	
TITLE:		TITLE:	
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: 		DATE: <u>1/19/07</u> DAYTIME PHONE #: <u>407-905-9330</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE	

