2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2009
Secretary of State

DOCUMENT# P08000074502

Entity Name: RACESMITH, INC.

Current Principal Place of Business:

9720 HASTINGS BLVD.
HASTINGS, FL 32145

New Principal Place of Business:

114 OAK LANE
EAST PALATKA, FL 32131

Current Mailing Address:

9720 HASTINGS BLVD.
HASTINGS, FL 32145

New Mailing Address:

114 OAK LANE
EAST PALATKA, FL 32131

FEI Number: 26-3188189 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BAUER, KIRK T
223 S. WOODLAND BOULEVARD
DELAND, FL 32720 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: SMITH, JACOB
Address: 9720 HASTINGS BLVD.
City-St-Zip: HASTINGS, FL 32145

Title: VPST ( ) Delete
Name: SMITH, KRISHA
Address: 9720 HASTINGS BLVD.
City-St-Zip: HASTINGS, FL 32145

Title: D ( ) Delete
Name: SMITH, KRISHA
Address: 9720 HASTINGS BLVD.
City-St-Zip: HASTINGS, FL 32145

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: SMITH, JACOB
Address: 114 OAK LANE
City-St-Zip: EAST PALATKA, FL 32131

Title: VPST (X) Change ( ) Addition
Name: SMITH, KRISHA
Address: 114 OAK LANE
City-St-Zip: EAST PALATKA, FL 32131

Title: D (X) Change ( ) Addition
Name: SMITH, KRISHA
Address: 114 OAK LANE
City-St-Zip: EAST PALATKA, FL 32131

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: JACOB SMITH PD 01/20/2009

Electronic Signature of Signing Officer or Director Date